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STAFFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

**County Principal
School Medical Officer**

For the Year 1954



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SCHOOL HEALTH SERVICE STAFF, 1954

County Principal School Medical Officer

G. RAMAGE, M.A. (Admin.), M.D., Ch.B., B.Sc., M.R.C.S.,
L.R.C.P., D.P.H.

Deputy Principal County School Medical Officer

H. BINYSH, M.D., M.B., B.S., L.R.C.P. & S.(Ed.), L.R.F.P.S. (Glas.)
D.P.H., D.T.M. & H., Barrister-at-Law.
(Appointed 1.3.54)

Senior Medical Officer and Assistant Medical Officer

C. S. SMITH, M.B., B.S., M.R.C.S., L.R.C.P.

Whole-time School Medical Officers

(engaged in the School Health Service)

ELIZABETH O. ASTON, L.M.S.S.A.

HAZEL B. BAKER, M.B., B.S., M.R.C.S., L.R.C.P.

AGNES W. E. BLACK, M.B., B.Ch., B.A.O., D.P.H.

MURIEL BLOOR, M.B., Ch.B. (Resigned 31.1.54).

P. BRODBIN, L.M., L.R.C.P.I., L.R.C.S.I.

MARGARET J. CASH, M.R.C.S., L.R.C.P., (Appointed 27.9.54).

SARAH CLARK, M.B., B.Ch., B.A.O., D.P.H.

NORAH M. CLARKE, M.B., Ch.B. (Appointed 18.10.54).

G. R. DAVIES, B.Sc., L.M.S.S.A.

R. DEAN, L.R.C.P. & S., L.R.F.P. & S. (Appointed 1.4.54
Resigned 30.6.54).

DOREEN E. GEORGE, M.B., Ch.B. (Appointed 18.1.54).

BESSIE W. GOODWILL, M.B., Ch.B., M.R.C.S., L.R.C.P.

ELEANOR M. PRENDIVILLE, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H.
(Transferred to part-time 15.11.54).

MARGARET O. WILL, M.B., Ch.B., M.M.S.A., D.P.H., D.R.C.O.G.
(Appointed 11.6.54).

H. E. WILSON, M.B., Ch.B. (Appointed 1.7.54).

HENRIETTA M. WILSON, B.A., B.Chir.

School Medical Officers holding Joint Appointments

(engaged in the School Health Service)

A. W. M. BATTERSBY, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.
(Area Medical Officer and M.O.H. Uttoxeter U.D. and R.D.).

S. C. J. FALKMAN, L.R.C.P., L.R.C.S., L.R.F.P.S., D.R.C.O.G.,
D.P.H. (M.O.H. Sedgley U.D. and Tettenhall U.D.).

C. FLEMING, M.B., Ch.B., D.P.H., (M.O.H. Rugeley U.D. and Tutbury R.D.)
 J. T. A. GEORGE, M.B., Ch.B., D.P.H. (M.O.H. Coseley U.D.).
 R. C. GUBBINS, M.B., Ch.B., D.P.H. (M.O.H. Willenhall U.D.).
 A. R. KENNEDY, M.B., Ch.B., B.Sc., M.R.C.S., L.R.C.P., D.P.H. (M.O.H. Seisdon R.D.).
 ELSIE A. MCWHIRTER, M.B., Ch.B., D.P.H. (M.O.H. Darlaston U.D.).
 A. F. MORGAN, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (M.O.H. Tamworth M.B.).
 F. J. MURRAY, L.R.C.P.I., L.R.C.S.I., L.M., D.P.H. (M.O.H. Stone R.D.).
 D. A. SMYTH, M.B., B.S., D.P.H. (M.O.H. Bilston M.B.).
 A. G. THOMSON, M.B., Ch.B., D.P.H. (M.O.H. Stafford R.D.).
 E. H. TOMLIN, M.D., Ch.B., D.P.H. (Area Medical Officer and M.O.H. Cheadle R.D.).
 R. WEBSTER, M.B., Ch.B., D.T.M. & H., D.P.H. (Area Medical Officer and M.O.H. Cannock U.D.).

Part-time School Medical Officers

(engaged in the School Health Service)

MARGARET BAMBER, M.B., B.Ch., B.A.O.
 MARY BOWIE, M.B., Ch.B., D.C.H. (Appointed 15.6.54).
 A. B. CLARK, M.B., Ch.B., D.P.H. (Appointed 1.5.54).
 EILEEN N. COSGRAVE, M.B., B.Ch., B.A.O.
 IVY R. GIFFORD, M.B., Ch.B. (Dental Anæsthetist).
 JOSE V. HALL, M.B., Ch.B. (Appointed 2.3.54).
 ROSE MACAULIFFE, M.B., B.Ch., B.A.O.
 F. B. MACKENZIE, D.S.O., M.C., T.D., M.A., M.B., Ch.B., D.P.H. (Appointed 18.1.54).
 T. R. O'DEMPSEY, M.B., B.Ch.
 EDITH G. SHERWOOD, M.R.C.S., L.R.C.P. (Dental Anæsthetist).
 MARY M. SILLITO, M.B., B.S., M.R.C.S., L.R.C.P.
 MILLICENT TATE, M.R.C.S., L.R.C.P., D.P.H.
 R. D. WILLCOCK, M.B., B.S. (Resigned 31.7.54).

Specialists

(engaged in the School Health Service)

COUNTY PSYCHIATRIST :

H. S. COULSTING, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.M.

PART-TIME OPHTHALMIC SPECIALISTS :

A. N. CAMERON, M.B., Ch.B., F.R.C.S., D.O.M.S.
 G. F. HAYCRAFT, M.R.C.S., L.R.C.P., D.O.M.S.
 N. A. JEVONS, L.M.S.S.A.
 B. U. KILLEN, M.B., B.Ch., B.O.A., D.O.M.S.
 H. CAMPBELL ORR, M.B., Ch.B., F.R.F.P.S.
 NINA WARWICK, M.B., Ch.B., D.O.M.S.

PART-TIME ORTHOPAEDIC SPECIALIST :

*N. HEATH, M.R.C.S., L.R.C.P., F.R.C.S.

PART-TIME E.N.T. SPECIALIST :

W. D. PATERSON, M.B., Ch.B., F.R.C.S.

*Attends County Clinics as Regional Hospital Board Officer

Principal County School Dental Officer

F. C. WINTER, L.D.S.

Whole-Time School Dental Officers

A. S. BROGDEN, L.D.S.
J. BRYDONE, L.D.S., R.C.S.
J. BUNCH, L.D.S., R.C.S.
MISS D. E. CHATER, L.D.S., R.F.P.S.
E. COOPER, L.D.S.
J. W. DAVIES, L.D.S.
F. S. DUCK, L.D.S., R.C.S.
S. FORD, L.D.S., R.C.S.
F. INNES, L.D.S., R.C.S.
J. L. JACQUES, L.D.S., R.C.S.
MISS M. C. LAUDER, L.D.S., R.C.S.
J. D. NELSON, L.D.S.
T. C. J. PRICE, B.D.S.
L. H. THOMPSON, L.D.S.
A. J. WEAVER, L.D.S. (Transferred from part-time 14.6.54).

Part-time School Dental Officers

MISS A. M. BLANDFORD, L.D.S., R.C.S.
MISS J. BUTLER, B.D.S.
L. F. KELLY, L.D.S., R.F.P.S.
G. P. MACINTOSH, B.D.S. (Resigned 31.7.54).
W. G. MARKS, L.D.S. (Appointed 13.1.54. Resigned 18.12.54).
P. SLANEY, L.D.S.
A. J. WEAVER, L.D.S. (Appointed 27.4.54. Transferred to whole-time 14.6.54).
E. WEDGEWOOD, L.D.S. (Resigned 25.2.54).

Dental Hygienists

MRS. E. W. EVANS (Appointed 1.9.54).
MISS C. STORMS (Appointed 1.3.54. Resigned 24.4.54).

Medical Auxiliaries

PHYSIOTHERAPISTS :

MISS F. M. BARNES, C.C.S.P.
MRS. B. YEARSLEY M.C.S.P. (Appointed 4.10.54).

SPEECH THERAPISTS :

MISS H. M. BINKS, L.C.S.T.
MISS D. BOWKETT, L.C.S.T.
MISS C. M. COALES, L.C.S.T. (Resigned 14.11.54).
MISS S. M. HAMMOND, L.C.S.T. (Appointed 13.1.54).
MISS J. M. MOON, L.C.S.T.

EDUCATIONAL PSYCHOLOGIST :

D. MNISZEK, B.A. (Hons.)

PSYCHIATRIC SOCIAL WORKER :

MISS M. WILLIAMS

AUDIOMETRICIAN :

MRS. E. C. SPENCER, S.R.N.

SUMMARY OF ASSISTANT STAFF

<i>Staff</i>		<i>Establish- ment</i>	<i>No. Employed on 31.12.54</i>	<i>Equivalent in terms of Whole-time Staff</i>
School Medical Officers	..	22	40	18.90
School Dental Officers	..	29	19	16.3
Dental Hygienist	.. ..	1	1	1
Physiotherapists	.. ..	4	2	2
Speech Therapists	.. ..	6	4	3.64
School Nurses	.. ..	32.96	120	25.15
Clinic Nurses	.. ..	7.4	8	5.75
Dental Attendants—Qualified	} 30	30	1	} 17.3
Unqualified			18	
Clerks	.. ..	21	21	21
Audiometrician	.. ..	1	1	1
Audiometer Clerk	.. ..	1	1	1

GENERAL INFORMATION

	<i>Urban Areas</i>	<i>Rural Areas</i>	<i>Admin. County</i>
Estimated civilian population of Administrative County (Mid 1954)	653,710	222,300	876,010
Acreage	99,696	585,543	685,239
Density of population per acre	6.55	0.38	1.28
Mean area per person in acres	0.15	2.63	0.78

Estimated School population of Administrative County (inc. Newcastle)	.. ..	139,406
Estimated School population of Newcastle Excerpted District	.. ..	12,850
Average number on roll (incl. Newcastle)	.. ..	135,504
Average Attendances (incl. Newcastle)	.. ..	121,379

Number of schools and departments in the County (incl. Newcastle) :—

Nursery Schools	17	} Total 658
County Primary Schools	276	
Voluntary Primary Schools	235	
County Secondary Modern Schools	87	
Voluntary Secondary Modern Schools	8	
County Secondary Grammar and High Schools	21	
Voluntary Secondary Grammar and High Schools	2	
County Secondary Technical Schools	4	
Special Schools—Residential	5	
—Day	1	}
—Hospital	2	

<i>School</i>	<i>Average No. on roll</i>		
	<i>County Area</i>	<i>Newcastle</i>	<i>Total</i>
Primary	85,752	7,597	93,349
Secondary Modern	29,603	2,525	32,128
Secondary Grammar	6,148	2,104	8,252
Secondary Technical	812	—	812
Nursery	515	164	679
Special	284	—	284
	<hr/> 123,114	<hr/> 12,390	<hr/> 135,504

Annual Report of the School Medical Officer

1954

Preface

The principal distinguishing features of the year 1954 were pleasant and welcomed ones, and, happily, no serious medical or allied troubles showed themselves.

Although the School Health Service has not yet attained its full potential due to staffing difficulties, expansion of the volume of work, together with its range, continued during the year. The number of children inspected and re-inspected rose by some 10,000 as compared with 1953. Owing to staff shortages, it has been the policy in recent years to give priority to the examination of entrants, but with the gradual increase in staff it was possible this year to examine practically all the children who were due to be seen in the various age groups, and the result is shown in a substantial increase in the 'leavers' examinations and also those of the 2nd age group. There has also been a very welcome increase in the attendances of parents at these examinations. The percentage of children examined, as compared with the number estimated to require examinations, is close to 100% for the entrants and that for the intermediate and leaver age groups stands at over 90 ; and there is a good prospect of a further increase in 1955. As was expected, the number of defects found rose correspondingly, and were largely due to unsatisfactory visual, ear, nose and throat, and skin conditions.

In addition to school inspections, the number of medical examinations for other purposes again showed an increase ; those for employment licences formed the bulk, but both Superannuation and Student Teacher examinations increased, and the rise continues.

A valuable addition to the Service was effected during the year by way of arrangement for the School Nurses to carry out vision testing of children in the 8-year age group. In order to reduce interruptions of the school curricula to a minimum, one School Nurse was appointed at the end of the year to take over this work and visit the schools in conjunction with the Audiometrician. Previous to this year, no routine inspection had taken place between entry and the second routine medical examination at 10 years, although a number of children were specially referred for examination by teachers and parents. This interval was too long because an intermediate eye examination has particular value in discovering cases of myopia, some of which are progressive and can be most helped if found in good time. The age of 8 years is satisfactory, and, while possibly on the late side, was chosen to coincide with the hearing examinations made at that age. As already mentioned, the staff concerned travel together and visit at the same time. Now that more experience has been gained with the "sweep" hearing test, consideration will be given to advancing the age for both examinations.

The Ophthalmic Scheme has functioned most satisfactorily during the year and, indeed, more children were referred than could be seen by the Consultants, the position resulting from the increased number of children examined and re-examined, together with the additional "examination" at 8 years of age just referred to.

Some years ago a scheme to provide remedial exercises for minor orthopaedic defects was adopted by the Education Committee, but not until late 1954 was it possible to commence this work. A full-time Physiotherapist was appointed in October to work in Stafford, Lichfield and Rugeley, and the value of the clinics has already been proved. It is too early to observe how far the exercises will correct the common defects of the feet, posture etc., but there is scope here for much valuable preventive work.

An even greater increase in the work of the Ear, Nose and Throat Clinic occurred during the year, and this was principally due to the large number of children referred by the Audiometrician following the hearing examinations of the

8-year age group. The numbers necessitated some re-arrangements, i.e., first, all uncomplicated cases of enlarged tonsils and adenoids were referred directly to General Practitioners and Hospitals and, secondly, the number of the clinic sessions was increased by one-half.

With the exception of immunisation against diphtheria, the most striking advance in school medicine since the war has been in the diagnosis and handling of deaf children. In Staffordshire a scheme of diagnosis was put into force early in 1953, and specially adapted education for helping the children was also provided. The first full year's work of the Audiometrician is recorded in this report, and it will be seen on page 38 that 12,280 children were tested. This number comprises almost all the children in the appropriate age group and corresponds approximately with the annual intake into the schools, so that eventually every school child over the age of 8 years will have been examined by this method. 1,195 children, i.e., 9.7% of the total, were referred for further examination by the County Ear, Nose and Throat Specialist. Of this number, he was able to see 779, of whom 344 required further attention, but all the conditions found were amenable to treatment except in 40 cases. This is most satisfactory preventive work, for the majority of the curable conditions found both at these clinics and the general Ear, Nose and Throat Clinics would have not been treated until much later, and would possibly have caused permanent damage with a high proportion of severe deafness. The children with permanent loss of hearing formed 5.13 per cent. of the total. While one would have been delighted to report that no such cases had been found, it is gratifying that they were discovered early enough to enable special education to be provided. All but three of these cases suffered from partial deafness and those who would benefit were put on the waiting list for admission to Needwood Special School for Partially Deaf Children.

After a long period of preparation, Needwood School was ready to admit the first group of children in January, and at the beginning the number was limited to 56. This figure was increased, and by the end of the year 100 children were in attendance. Of these, 17 were Staffordshire children. The School will ultimately cater for 146 pupils, which will permit

adequate grouping of the various types of children. Although all are partially deaf, variations in intelligence are wide and profoundly affects the ease (and indeed the possibility) of educating the children to fit them for a normal adult life. This is the primary object of the School, and the Authority is—or rather the children are—fortunate that the staff have this aim constantly in mind. The teaching is aural and it is hoped that eventually a number of children will be enabled to return to normal schools. The hearing aid equipment is generous and fully used. The opening of this School was an important contribution to the welfare of partially deaf children on a national scale.

Loxley Hall School for educationally subnormal boys was also opened during the year and will be a great help in providing for some of those on the waiting list. This handicap forms much the largest group and it will always be most difficult adequately to provide for all of them.

It has been remarked that no serious troubles arose during the year, but there were some unsatisfactory features of the Service, these being most marked as regards Child Guidance and Dentistry.

The Child Guidance work is limited in numbers and handicapped in the range of its work by the inadequacy of premises and staff. The Service was commenced in 1953 on an experimental basis and the increased calls upon it, together with the results obtained, have entirely justified this start. The number of children on the register has now reached 168, and a need has been shown to exist over the whole County to provide for between 1,000 and 1,200 new cases annually.

The inadequacy of the Dental Service and the difficulties in attempting to surmount them have been commented on each year since the war. The primary difficulty is the shortage of dental surgeons, largely due to the imbalance in earnings; the result, as far as the County is concerned, is that less than one-half the school population is receiving a service. Consequently, the number of cases requiring emergency treatment to relieve pain steadily increases. While this relief cannot be refused, it further reduces the time available for preventive treatment, which is the real purpose of the service. The Principal County School Dental Officer is not optimistic about

the outlook, and a possible solution lies in the adoption of fluoridisation of water supplies and the increased use of dental auxiliaries. It should be stressed that, for the children who can be dealt with, the standard of the service is excellent and, as reference to that section of the report shows, equal in every way to those of other Local Authorities.

All the progress recorded for the year is the result of the work of many members of the staff, for each has fully played his or her part, and the teaching staff in particular have helped by their willing co-operation. More examinations mean more interruptions of teachers' time-tables and these have been cheerfully accepted. It has also meant more recommendations to the Director of Education, whose understanding attitude has contributed considerably to the successful year's work.

There are many other interesting aspects of the School Health Service on which comment could be made, but a foreword is not the whole report and those interested may follow their special concern in the body of the report. However, these comments cannot be concluded without acknowledging, with gratitude, the great interest shown by the Committees concerned in the work of the School Health Department, and their eagerness to improve the Service wherever possible.

G. RAMAGE,

County Principal School Medical Officer.

REPORT

PART I.—INSPECTIONS AND OTHER EXAMINATIONS

Table 1. Medical Inspection of pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A. Periodic Medical Inspections.

Number of Inspections in the prescribed Groups :

			1952	1953	1954
Entrants	..	..	15,360	16,431	16,034
Second Age Group	..	..	6,262	9,462	11,165
Third Age Group	..	..	4,613	5,569	8,493
Total	..	..	26,235	31,462	35,692

B. Number of other Inspections :

Special Inspections	..	..	55	57	1,518
Re-inspections	..	..	13,144	15,827	20,221
Total	..	..	13,199	15,884	21,739

C. Pupils found to require treatment.

Number of individual pupils found at periodic medical inspections to require treatment (excluding dental diseases and infestation with vermin).

		<i>For defective vision (excluding Squint)</i>	<i>Percentage of Pupils with def. vision</i>	<i>For any of the other conditions recorded in Table 2</i>	<i>Percentage of Pupils with other defects</i>	<i>Total Individual Pupils</i>
Entrants	..	337	2.10	1,129	7.04	1,408
Second Age Group	..	531	4.76	524	4.69	1,004
Third Age Group	..	377	4.44	407	4.79	749
TOTAL	..	1,245	3.49	2,060	5.77	3,161

Table 2. Return of Defects Found

				PERIODIC INSPECTIONS NO. OF DEFECTS		SPECIAL INSPECTIONS NO. OF DEFECTS	
<i>Defect or Disease</i>				<i>Requiring treatment</i>	<i>Requiring to be kept under ob- servation but not requiring treatment</i>	<i>Requiring treatment</i>	<i>Requiring to be kept under ob- servation but not requiring treatment</i>
Skin	..	..	..	322	668	20	10
Eyes—							
(a) Vision	..	..	..	1,245	1,907	169	69
(b) Squint	..	..	..	144	504	11	—
(c) Other	..	..	..	104	286	25	33
Ears—							
(a) Hearing	..	..	..	106	422	7	6
(b) Otitis Media	..	..	..	114	692	10	15
(c) Other	..	..	..	48	193	18	10
Nose or throat	..	..	..	635	4,102	66	75
Speech	..	..	..	66	427	37	9
Cervical Glands			..	55	1,562	7	14
Heart and Circulation				16	671	4	18
Lungs	..	..	..	130	1,515	14	34
Developmental—							
(a) Hernia	..	..	..	32	158	1	1
(b) Other	..	..	..	40	625	2	19
Orthopaedic							
(a) Posture	..	..	..	73	557	17	20
(b) Flat foot	..	..	..	219	981	17	12
(c) Other	..	..	..	249	2,073	44	42
Nervous System							
(a) Epilepsy	..	..	..	4	75	—	—
(b) Other	..	..	..	13	270	5	7
Psychological							
(a) Development	..	..	..	22	193	17	23
(b) Stability	..	..	..	11	246	2	4
Other	..	..	..	168	938	41	74

There has again been an increase in the total number of children inspected during the year ; 35,692 routines and 20,221 re-inspections as against 31,462 and 15,827 respectively in the

previous year, although there was a slight fall of approximately 400 in the number of “entrants” examined as compared with 1953, purely due to a corresponding decrease in the number of school entrants. The increase in the number of inspections was due to the appointment of additional staff. Five (four whole-time and one part-time) School Medical Officers were appointed during the year at various times from June onwards in addition to three part-time Officers who devoted their efforts entirely to diphtheria immunisation. Owing to these appointments it was possible to dispense with the system of ‘priorities’ which had been devised and all children of the routine age groups were examined.

The number of defects found which required treatment rose by 450 and there was an increase of 2,551 in the number requiring to be kept under observation.

The increase in the number of defects were accounted for largely by skin complaints and defective vision which were larger by 86 and 314 respectively, largely corresponding with the larger number of inspections since percentage of defects has fallen in 1st and 2nd Group. (Table 1C.).

There was a slight fall in the number of orthopaedic defects requiring treatment but an increase of 883 which needed to be kept under observation.

Defective vision and nose and throat defects accounted for 571 and 278 respectively of the increase in the defects requiring further observation.

Table 3. Parents attending Periodic Medical Inspections

(1) <i>Age Group</i>	(2) <i>No. of children Examined</i>			(3) <i>No. of Parents Attended</i>			(4) <i>Col. 3 as % of Col. 2</i>		
	1952	1953	1954	1952	1953	1954	1952	1953	1954
Entrants . .	15,360	16,431	16,034	13,599	14,600	14,100	88.54	88.86	87.93
2nd Age Group	6,262	9,462	11,165	3,361	6,008	7,841	53.67	63.50	70.23
3rd Age Group	4,613	5,569	8,493	390	733	1,351	8.45	13.16	15.91
TOTAL . .	26,235	31,462	35,692	17,350	21,341	23,292	66.13	67.83	65.26

The figures in the above table show a slight drop in the percentage of parents attending at the examination of entrants and in the total percentage of attendance of parents at all

medical inspections. There has been a continued increase in the percentage of parents attending the examinations of the children in the second and third age groups and in fact the total number of parents attending the Medical Inspections has increased by 1951 as compared to 1953. The figures for the first two age groups are satisfactory but it is still a matter of concern that only 1 parent in 7 considers it necessary to attend the 'leavers' inspection. At this inspection an assessment is made of the child's fitness for employment and an opportunity is given to discuss any medical aspect regarding his future prospects with the Medical Officer. 1,351 parents, an increase of 618 on the previous year, did however attend this 'leavers' inspection and it is to be hoped that the tendency will continue.

(b) **Table 4. Ascertainment of Handicapped Pupils during 1954**

<i>Category</i>							<i>Number of Children Ascertained</i>
Blind	..	..	..	..	..	..	12
Partially Sighted			..	..	..	..	2
Deaf	..	..	..	..	..	..	9
Partially Deaf	..	..	..	..	..	..	12
Delicate	..	..	..	..	..	..	103
Educationally Sub-Normal			..	..	..	..	244
Epileptic		..	..	..	..	..	50
Maladjusted		..	..	..	..	..	110
Physically Handicapped			..	..	..	..	188
							<hr/> 730 <hr/>

(c) **Notification of Handicapped Pupils leaving school to the Youth Employment Service**

No. of reports issued for moderately handicapped children	..	..	..	..	..	..	405
No. of reports issued for severely handicapped children	..	..	..	..	..	..	59
							<hr/>
Total	..	..	..	..	..	..	464 <hr/>

Arrangements have been made with the Area Youth Employment Committees whereby School Medical Officers may be consulted prior to committee meetings to enable their reports to be considered by the committee. In difficult cases the Medical Officer may attend the committee to advise regarding any particular matter.

(d) **Table 5. Miscellaneous Examinations**

<i>Type of Examination</i>	<i>Number</i>		
	1952	1953	1954
Aircraft Apprentices	—	1	—
Employment Licences ..	1,247	1,289	1,339
Entrants to courses of training for Teachers	117	242	305
Entrants to the Teaching Pro- fession	47	98	113
Superannuation	151	213	331
Totals	1,562	1,843	2,088

It will be seen from the above that there has been a further increase in the number of examinations. The figures for 1952 for the examination of entrants to the teaching profession and to courses of training for teachers represent work carried out from the beginning of June until the end of the year. All of the examinations are carried out by the School Medical Officers at the School Clinics.

There were 6 children found to be unfit of the 1,339 who were examined for employment licences, as compared with 4 children rejected in 1953.

(e) Home Visiting

Table 6. Details of home visits made by Nursing Staff.

<i>Reason for Visit</i>						<i>No. of visits</i>
Cleanliness and verminous cases	..	..	..	..	..	2,984
Arising out of medical inspections	..	..	..	..	..	1,342
Arising out of attendances at clinics	..	..	..	..	..	617
Visual defects	..	..	..	..	..	4,492
Tonsils and adenoids cases	..	..	..	..	..	249
Orthopaedic defects	..	..	..	..	..	289
Scabies cases	..	..	..	..	..	39
Ringworm cases	..	..	..	..	..	17
Other skin diseases	..	..	..	..	..	144
Neglected children	..	..	..	..	..	579
Ineffectual visits	..	..	..	..	..	593
						<hr/> 11,345 <hr/>

The School Nurses paid 852 more visits to the homes than last year and the bulk of these were accounted for by visits in respect of children suffering from visual defects. A good proportion of these visits were for the purpose of the instillation of atropine into children's eyes immediately prior to examination at the ophthalmic clinics.

Home visits are an essential part of the School Health Service and ensure that the child obtains the treatment recommended by the Medical Officer.

PART II—TREATMENT

Table 7—Details of treatment given

DISEASES OF THE SKIN

				<i>No. of cases treated or under treatment during the year</i>	
				<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Ringworm—	(i)	Scalp	.. ..	4	—
	(ii)	Body	.. ..	32	—
Scabies	..	..	.. ..	81	—
Impetigo	..	..	.. ..	751	6
Other Skin Diseases	..	..	.. ..	3,982	102
				<hr/>	<hr/>
Total				.. 4,850	108
				<hr/>	<hr/>

EYE DISEASES, DEFECTIVE VISION AND SQUINT

				<i>Number of cases dealt with</i>	
				<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
External and other, excluding					
errors of refraction and squint				886	45
Errors of refraction (incl. squint)				2,798	82
				<hr/>	<hr/>
Total				.. 3,684	127
				<hr/>	<hr/>

Number of pupils for whom spectacles were

(a) Prescribed	..	..	..	3,917	176
(b) Obtained	..	..	..	3,759	157

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

				<i>Number of cases treated</i>	
				<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Received operative treatment					
(a)	for diseases of the ear	..		—	1
(b)	for adenoids and chronic				
	tonsillitis	..	.. ..	—	1,953
(c)	for other nose and throat				
	conditions	..	.. ..	—	30
Received other forms of treatment				1,300	271
				<hr/>	<hr/>
Total				.. 1,300	2,255
				<hr/>	<hr/>

ORTHOPAEDIC AND POSTURAL DEFECTS

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital etc.)</i>
Number treated as in-patients in hospitals			82
Number treated otherwise, <i>e.g.</i> in clinics or out-patient departments	549		20

CHILD GUIDANCE TREATMENT

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Number of pupils treated at Child Guidance Clinics	278		1

SPEECH THERAPY

		<i>Number of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Number of pupils treated by Speech Therapists	819		31

OTHER TREATMENT GIVEN

		<i>No. of cases treated</i>	
		<i>By the Authority</i>	<i>Otherwise (Hospital, etc.)</i>
Miscellaneous minor ailments ..	1,179		209
Respiratory defects	542		138
Injuries	3,040		475
Debility and malnutrition ..	1,053		—
Infectious diseases	—		346
Other	—		473
Total ..		5,814	1,641

(a) COUNTY CLINICS

Table 8

SCHOOL HEALTH SERVICE CLINICS

(Less the Excepted District of the Borough of Newcastle)

as at 31-12-54

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Aldridge	Assembly Rooms	9-0—10-30 Wed. weekly	—	—	—
Audley	District Council Office	2-0—2-30 Tues. weekly	—	9-30—12-30 Tue. every 6 to 8 wks.	—
Barton-under- Needwood	Central Hall	2-0—2-30 Tues. fortnightly	—	—	—
Biddulph	Church Hall	9-0—10-30 First Fri. in month	*	9-30—12-30 Friday every third or fifth in month	—
Bilston	‡ Centre Health Clinic	9-0—10-30 Daily inc. Sat.	*	1-30—4-0 Tues. weekly	9-30—4-30 Wed. and Thurs. weekly 9-30—12-00 Tues. weekly
Brewood	Parish Room	9-0—10-30 Wed. fortnightly	*	9-30—12-30 Tues. every three months	—
Brierley Hill	Fairview, Church Hill	9-0—10-30 Tues. weekly	*	9-30—5-0 Mon. fortnightly	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Brownhills	Mount Zion Primitive Meth. School, High St.	9-0—10-30 Tues. weekly	—	—	—
Cannock	† ‡ (1) Health Department, Church Street	9-0—10-30 Mon. & Fri. wkly.	*	2-0—4-0 Friday weekly	—
	(2) Arthur Street, Chadsmoor	9-0—10-30 Mon. & Wed. wkly. 1-30—2-30 Friday weekly	*	—	9-30—4-30 Thurs. weekly, except for 4th Thurs. p.m. every other month
	(3) St. John's Institute, Hednesford Rd., Heath Hayes	10-45—12-0 Mon. weekly	—	—	—
	(4) Cannock Rd., Hednesford	10-45—12-0 Wed. and Fri. weekly	*	—	—
Chasetown	Youth Centre, Sankey's Corner	9-0—10-30 Tues. weekly	—	—	—
Cheadle	Carlos Memorial Institute	9-0—10-30 Tues. weekly	*	9-30—5-0 Friday every 6—8 weeks	—
Cheddleton	Parish Institute	1-30—2-0 Fri. fortnightly	—	—	—
Cheslyn Hay	Junior School	9-0—10-30 Tues. fortnightly	—	—	—
Coseley	Bayer Hall	9-0—10-30 Mon., Wed. and Fri.	9-0—5-0 Daily	9-30—5-0 Mon. every 2—4 wks.	—
Darlaston	Slater Street	9-0—10-30 Mon. & Thurs. weekly	9-0—5-0 Daily (closed temp.)	9-30—5-0 Fri. every 3 weeks	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Eccleshall	Methodist School	9-0—9-30 Fri. weekly	—	—	—
Endon	Parish Hall	—	—	9-30—12-30 Tues. every 6 to 8 weeks	—
Featherstone	(1) United Methodist Chapel (2) Featherstone C. School	9-0—10-30 Fri. weekly —	*	— 9-30—12-30 Tues. every 6 to 8 weeks	—
Great Wyrley	(1) Landywood School (2) Great Wyrley Junior School	9-0—10-30 Mon. weekly 10-45—12-0 Tues. fortnightly	—	— 2-0—5-0 Tues. every 6 to 8 weeks	—
Halmerend	Primitive Methodist School, High Street	1-30—2-0 Wed. weekly	—	—	—
Harriseahead	Wesleyan Sunday School, High Street	9-0—10-30 Tues. fortnightly	—	—	—
Huntington	(1) County Secondary Mod. School (2) Junior County Primary School	10-45—12-0 Thurs. weekly	—	—	—
Kidsgrove	(1) Day Nursery Liverpool Road	9-0—10-30 Mon. fortnightly	—	2-0—5-0 Thurs. every 2 weeks approx.	9-30—12-0 Fri. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Kingswinford	(1) Wesleyan Methodist Sunday School, Moss Grove (2) One in all rooms, Oak Street	9-0—10-30 Tues. fortnightly —	— *	— —	1-30—4-30 Tues. and Wed. 9-30—4-30 Fri.
Kinver	Constitutional Club, High Street	9-0—10-30 Fri. fortnightly	—	—	—
Leek	(1) Cripples' Aid Society Clinic, Salisbury Street (2) Alsop Street	9-0—10-30 Mon., Thurs. and Fri. —	— * (closed temp.)	9-30—5-0 Wednesday every 2—3 weeks —	9-30—4-30 Tues. 1-30—4-30 Fri. weekly —
Lichfield	* Sandford Street	9-0—10-30 Wed. weekly	*	9-30—5-0 Fri. every 3 weeks, approx. —	9-30—4-30 Tues. 9-30—12-0 Mon. weekly —
Longnor	Market Hall	2-0—2-30 Wed. weekly	—	—	—
Lower Gornal	Zion Methodist School Room	9-0—10-30 Fri. fortnightly	—	—	—
Madeley	Village Hall	9-0—10-30 Thurs. fortnightly	—	9-30—12-30 Wed. every 3 months —	—
Norton Canes	Trinity Methodist Church Brownhills Road	10-45—12-0 Mon. weekly	—	—	—
Pelsall	Central Hall	9-0—10-30 Mon. weekly	—	—	—
Penkridge	Peace Memorial Hall	9-0—10-30 Thurs. fortnightly	—	—	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Pheasey Estate (1)	2, Crome Road	9-0—10-30 Tues. weekly	2-0—4-30 Tues. weekly	9-30—12-30 Weds., every 3 months	9-30—4-30 Thurs. weekly
Quarry Bank	‡(2) County Primary School	—	—	—	—
	Mount Pleasant	9-0—10-30 Mon. weekly	*	—	—
Rowley Regis	‡(1) Carlyle Road, Blackheath	9-0—10-30 Mon. fortnightly	9-0—5-0 Daily alternately as required at clinic	2-0—4-0 2nd & 4th Tues. in month	9-30—12-0 Tues. & Wed. weekly
Rugeley	‡(2) Mace Street, Old Hill	9-0—10-30 Tues. weekly except 5th in month	Do.	2-0—4-0 1st and 3rd Tues. in month	—
	(3) Dudley Road, Tividale	9-0—10-30 Mon. fortnightly	Do.	—	—
	(4) Methodist School Room, Springfield	2-0—2-30 Thurs. weekly	—	—	—
	‡(1) Congregational Sunday School, Heron Court	9-0—10-30 Mon. weekly	*	—	—
Sedgley	(2) Senior Girls' School	—	—	9-30—12-30 Wed., every 3—4 weeks	—
	(1) Bleak House	9-0—10-30 Tues. weekly	—	9-30—5-0 Mon. every 4—6 wks.	—
	(2) Quadrant	9-0—10-30 Weds. fortnightly	*	—	9-30—4-30 Mon. weekly
Shelfield	Lichfield Road	9-0—10-30 Thurs. fortnightly	*	9-30—12-30 Wed. every 2—3 weeks	9-30—4-30 Fri. weekly

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Short Heath	Old Short Heath Church Schools	9-0—10-30 Fri. weekly	—	—	—
Stafford	(1) Lammascote Road	9-0—10-30 Daily inc. Sats.	9-0—5-0 Daily	9-30—5-0 Tues. fortnightly	—
	(2) North Walls	—	—	—	1-30—4-30 Mon. 9-30—4-30 Fri. 1-30—4-30 Wed. weekly
Stone	(1) St. Michael's Hall	9-0—10-30 Thurs. weekly	—	9-30—12-30 Tues. every 4—6 wks.	—
Talke	(2) Kitcheners Institute	—	*	—	—
	New Road, Wesleyan School	9-0—10-30 Thurs. fortnightly	—	—	—
Tamworth	School of Industry Marmion Street	9-0—10-30 Thurs. weekly	* (closed temp.)	9-30—12-30 Mon. every 2 weeks	1-30—4-30 Mon. 9-30—12-0 Wed. weekly
Tettenhall	U.D.C. Offices, Upper Green	9-0—10-30 Thurs. fortnightly	*	9-30—12-30 Wed. every 6—8 wks.	1-30—4-30 Mon. weekly
Tipton	‡(1) Central Clinic, Horseley Rd.	9-0—10-30 daily incl. Sat.	9-0—5-0 Daily	10-0—12-30 Tues. weekly	9-30—12-30 Mon. 9-30—4-30 Thurs. weekly
	(2) Princes End Junior Mixed and Infants' School	9-0—10-30 Mon. & Thurs. weekly	—	—	—
Tutbury	(1) Methodist Sunday School	1-0—2-0 Fri. fortnightly	—	—	—
	(2) Tutbury Senior School	—	—	9-30—12-30 Wed. every 3 months	—

<i>Name of Clinic</i>	<i>Address</i>	<i>Minor Ailments Clinics held</i>	<i>Dental Clinic held</i>	<i>Ophthalmic Clinic held</i>	<i>Speech Therapy Clinic held</i>
Uttoxeter	Heath House	9-0—10-30 Fri. weekly	*	9-30—5-0 Wed. every 4 weeks approx.	9-30—4-30 Tues. weekly
Walsall Wood	Prim. Methodist School, Lichfield Road	9-0—10-30 Wed. weekly	*	—	—
Wednesbury	(1) Technical School, Albert Street (2) Kings Hill ‡(3) Mesty Croft	9-0—10-30 Mon. and Fri. weekly 9-0—10-30 Fri. weekly 9-0—10-30 Mon. & Thurs. wkly.	— — —	— — —	— — 1-30—4-30 Tues. weekly 9-30—12-0 Fri. weekly
Wednesfield	(1) Wesleyan Sunday School (2) Lichfield Rd. Senior School	9-0—10-30 Tues. weekly —	— *	— —	— —
Werrington	Village School Hall	2-0—2-30 Fri. fortnightly	—	—	—
Willenhall	‡(1) Nurses Home, Walsall Rd. (2) Albion Road	9-0—10-30 Mon. and Fri. wkly. —	— * *	9-30—12-30 Thurs. weekly — —	— — —
Wordsley	Primitive Methodist Sunday School	9-0—10-30 Mon. weekly	—	—	—

*Dental Clinics are also held on these premises as and when necessary.

†An Orthopaedic and Physiotherapy Clinic is also held daily from 9-0—5-0 except Saturday.

‡Ultra Violet Light Clinics held on these premises once or twice weekly.

(i) Minor Ailment Clinics

		1952	1953	1954
No. of Clinics	..	64	64	64
No. of first visits	..	21,438	17,604	15,332
No. of re-visits	..	34,518	34,047	34,526

There has been a further fall in the number of children attending the Clinics for the first time but the number of re-visits has increased. The fall is due to the tendency for children to be taken to their own doctors for treatment under the National Health Service Scheme. The extra time available has been utilised by arranging for the ascertainment of handicapped children (Table 4) and the miscellaneous examinations referred to in Table 5. 194 more handicapped children were examined than in 1953 and, as already stated, there was an increase in the number of miscellaneous examinations carried out.

The Minor Ailment Clinics play a useful part in treating some of the conditions of childhood for which the busy General Practitioner does not always have time to deal with adequately.

During the year it was necessary to allocate more time to minor ailments at five clinics due to an increase in the attendances of children at those clinics and in the number of special and miscellaneous examinations which had to be carried out.

Table 9. Diseases and Defects found at Minor Ailment Clinics

<i>Disease or Defect</i>					<i>No. of Cases</i>
Defective vision	..	..	..	..	1,840
Blepharitis	..	..	..	..	200
Conjunctivitis	..	..	..	..	203
Other eye defects	..	..	..	..	318
Otitis Media	..	..	..	..	336
Enlarged tonsils and/or adenoids			..	..	483
Other ear, nose and throat defects			..	..	481
Coryza	..	..	..	..	158
Bronchitis	..	..	..	..	300
Asthma	..	..	..	..	84

Ringworm—Scalp	..	..	..	..	4
Body	..	..	..	..	32
Scabies	..	..	..	..	81
Impetigo	..	..	..	..	751
Boils	..	..	..	..	402
Septic sores	..	..	..	..	1,650
Warts	..	..	..	..	838
Other skin defects	..	..	..	..	1,092
Burns	..	..	..	..	233
Sprains and strains	..	..	..	..	474
Major injuries (including fractures)	..	..	..	..	106
Minor injuries	..	..	..	..	2,333
Heart conditions	..	..	..	..	63
Infectious diseases	..	..	..	..	57
Debility and malnutrition	..	..	..	..	1,053
Deformities	..	..	..	..	207
T.B. Cervical glands	..	..	..	..	57
Fibrositis	..	..	..	..	77
Other defects	..	..	..	..	1,419
No abnormality detected			..	..	152
Total	..	..			15,484

(ii) Ophthalmic Clinics

Table 10. Visual and External Eye Defects

	1952	1953	1954
No. of children examined	5,827	8,182	8,000
No. of children attending			
for the first time	3,429	3,484	2,743
No. of re-visits	2,398	4,698	5,257

Analysis of major defects found among new cases :

Errors of Refraction:—

Hypermetropia	..	..	..	..	341
Hypermetropic astigmatism	..	..	..	..	326
Compound hypermetropic astigmatism	..	..	..	..	259
Myopia	..	..	..	..	494
Myopic astigmatism	..	..	..	..	108
Compound myopic astigmatism	..	..	..	..	170
Mixed astigmatism	..	..	..	..	116
Anisometropia	..	..	..	..	421

Diseases and abnormalities:—

Lids and Conjunctiva :—

Blepharitis	31
Blepharospasm	1
Squamosa Blepharitis	1
Hordeoli	7
Phlyctenular conjunctivitis	6
Parinaud's conjunctivitis	1
Conjunctivitis	5
Follicular conjunctivitis	4
Ptosis	3
Epicanthus	25
Blocked tearduct	4
Amblyopia	20
Amblyopia ex anopsia	1
Oxycephaly	1
Trichiasis	1
Epiphora	3
Meibomian cyst	2

Cornea :—

Megalocornea	1
Adherent leucoma	1
Nebulæ of cornea	4
Ulcer of cornea	1
Opacity of cornea	1
Corneal scars	1
Juvenile Glaucoma	1

Uvea :—

Congenital coloboma of iris and choroid	1
Albinism	9
Anisocoria	4

Lens :—

Congenital cataract	4
Bilateral congenital cataract	1
Zonular cataract	3
Lamellar cataract	1
Aphakia (post congenital cataract)	1
Posterior Polar Cataract	2
Dislocated Lens	1
Vitreous Opacities	1

Retina :—

Detached Retina	1
Choroiditis	1
Retinal Lesion (?burn)	1

Nerve :—

Optic atrophy	3
Retrobulbar Neuritis	1

Muscles :—

Squint	220
Nystagmus	7
Exophoria	3
Ocular torticollis	4
Asthenopic	6
Accommodative asthenopia	5

Globe :—

Buphthalmos	1
Alexia	1

The total number of children seen during the year was approximately the same as in the previous year, although the number attending for the first time has fallen by just over 700. Since there were fewer new cases referred it was possible to arrange for more children to be re-examined. It is desirable that every child with defective vision should receive an examination annually.

The number of children requiring examination has been greater than the number which could be seen by the Ophthalmic Surgeons, so that the waiting list has had to be extended. The present staff are fully occupied and since it was not possible to arrange additional clinics during the year, the number of children seen by the Ophthalmic Surgeons remained constant.

The present staff consists of 6 part-time Ophthalmic Surgeons working on a sessional basis and this arrangement ensures good co-operation between the School Medical Service, Hospital Eye Departments and general practitioners. Cases are referred from the Ophthalmic Surgeons to the general practitioners where the condition requires treatment and, where more specialised treatment is required, children are referred to Hospital Departments with the general practitioner's consent.

During the year, provision was made for the routine testing of vision of the 8-year age group by the School Nurses. This additional examination has increased the number of children who are awaiting examination by the Ophthalmic Surgeons.

There were 220 cases of squint discovered during the year—a decrease of 36 as compared with the previous year. Many of these children need to attend hospital for operation and to receive orthoptic training. There has been close co-operation between the Services.

The number of cases of myopia has increased slightly during the year but very few cases of progressive high myopia were seen. Children who are diagnosed early can be kept under control with suitable treatment, thus preventing the condition deteriorating to blindness.

In general, the Service has worked smoothly during the year and there has been a further improvement in the supply of spectacles after prescription.

The School Health Service Ophthalmic Service has worked in close co-operation with the Hospital and General Practitioner Services and has continued to serve an invaluable function in reducing the travelling and waiting time of the children. The work at these clinics is carried out in an unhurried atmosphere during which the children's confidence can be won and so encourages their regular attendance.

(iii) Cannock Orthopaedic Clinic

Table 11. Statistics for 1954.

No. on register at end of December, 1954..	..	198
No. of new cases .. .. .	..	115
No. of children discharged cured .. ..	..	48
No. of cases lost sight of, etc. .. ..	..	34
No. of attendances for physiotherapy .. ..	..	2,872
No. of attendances for ultra violet light treatment	..	1,932
No. of examinations by Orthopaedic Surgeon ..	..	527

Table 12. Defects treated during 1954.

Anterior poliomyelitis .. .. .	..	11
Erb's Palsy .. .. .	..	1
Scoliosis .. .. .	..	5
Kyphosis .. .. .	..	7
Slack back .. .. .	..	12
Genu valgus .. .. .	..	58
Genu varum .. .. .	..	3
Hallux valgus .. .. .	..	7
Flat Feet .. .. .	..	87
Pes cavus .. .. .	..	2
Hammer toes .. .. .	..	15
Talipes equino varus .. .. .	..	19
Talipes calcaneo valgus .. .. .	..	4
Dislocation of hip .. .. .	..	2

Torticollis	..	..	..	..	..	..	2
Brevicollis	..	..	..	..	..	..	1
Cut tendon	..	..	..	..	..	..	1
Multiple exostosis	..	..	..	..	..	..	1
Exostosis os calcis	..	..	..	..	..	..	2
Osteomyelitis	..	..	..	..	..	..	1
Other conditions	..	..	..	..	..	..	5
Total							246

(iv) Remedial Exercises Clinics

A full-time Physiotherapist was appointed in October to carry out remedial exercises and to supervise the Ultra-Violet Light Clinics. Only three Remedial Exercise Clinics have so far been established, viz. at Lichfield, Rugeley and Stafford. It is considered, however, that the treatment of minor orthopaedic defects, especially in the early stage, is of great importance and constitutes a valuable preventive service. It is intended to appoint more physiotherapists at the earliest opportunity and when this has been done it should be possible to establish clinics throughout the County. Children are referred for treatment by the Orthopaedic Surgeons and School Medical Officers.

The table below shows the work done during the short time since the clinics were established. No child had completed treatment during the period.

<i>Clinic</i>	<i>No. of children referred</i>	<i>No. of children under treatment 31.12.54</i>	<i>No. of treatments given</i>
Lichfield ..	23	18	83
Rugeley ..	20	16	90
Stafford ..	48	30	169

It was necessary, unfortunately, to discharge eight children because of unsatisfactory attendance at the clinics. They are being followed up by the School Nurse with a view to the resumption of treatment.

The following table shows the main defects for which treatment was necessary :—

		<i>Breathing</i>	<i>Defects of</i>	
	<i>Posture</i>	<i>Exercises</i>	<i>Legs & Feet</i>	<i>Others</i>
Lichfield	.. 4	3	11	—
Rugeley	.. 5	6	5	—
Stafford	.. 4	7	18	1

(v) **Ear, Nose and Throat Clinics**

The Consultant Ear, Nose and Throat Specialist has continued to work on a part-time basis during the year and the following tables give details of the work which he has carried out at the various clinics.

Children were referred for examination by the School Medical Officers and the Audiometrician but the number referred by the latter had increased to such an extent that it was considered advisable early in the year to vary the type of case which should be examined by the specialist. Hitherto, all children found with enlarged tonsils and/or adenoids were sent to him but owing to the number of children suffering from defective hearing who were awaiting examination, it was decided that priority should be given to children with enlarged tonsils or adenoids and a hearing defect. The straightforward cases, 346, were referred direct to appropriate hospitals to be dealt with. It was also necessary, because of the long waiting list, to increase the sessions of the specialist from 2 to 3 per week.

Of the children found by him to have defects, 54.4% suffered from enlarged and infected tonsils and/or adenoids. These, with other children who required investigation of sinus infections, were referred to hospitals for the necessary treatment. Those who needed non-operative treatment were referred to their own doctors.

With regard to the majority of the children suffering from deafness, the teachers were asked to see that they were given a favourable position in the front of the class. Forty children were recommended for admission to Needwood Special School for Partially Deaf Children and ten children under 5 years of age were referred to the Auditory Diagnostic and Training Clinic established by the Birmingham County

Borough Council. These children have benefited considerably from the training, which acts as a preparation for entry to a special school, and parents have been helped greatly by the advice which has been given.

Twenty-seven children were examined for whom application had been made for admission to Needwood Special School for the Partially Deaf. The Specialist is also the Consultant for Needwood Special School and visits there regularly during the year.

Table 13.

<i>Clinic</i>	<i>No. of Sessions</i>	<i>No. of children referred for examination</i>	<i>No. of children who did not attend</i>	<i>No. of children found to have defects</i>	<i>No. of children referred to Hospital</i>	<i>No. of children not needing treatment or observation</i>
Biddulph	2	40	2	17	11	21
Bilston ..	20	394	96	190	106	108
Brierley Hill	7	146	17	90	58	39
Cannock	14	278	64	154	92	60
Cheadle	3	63	12	18	8	33
Kidsgrove	3	61	17	23	7	21
Leek ..	4	82	11	27	17	44
Lichfield	9	184	55	70	48	59
Pheasey	4	82	19	41	28	22
Rowley Regis	7	119	20	65	37	34
Sedgley	5	96	15	59	41	22
Shelfield	8	166	38	86	62	42
Stafford..	17	233	59	104	30	70
Tamworth	3	59	11	19	9	29
Tipton ..	7	139	24	84	65	31
Tutbury	1	23	7	4	3	12
Uttoxeter	4	90	22	32	22	36
Wednesbury	6	121	17	61	42	43
	124	2,376	506	1,144	686	726

The number of sessions at which the Specialist attended increased during the year from 83 to 124 and there was an increase of 692 children referred for examination. In the coming year it is hoped to increase substantially again the number of sessions provided.

Table 14. Analysis of defects found

Tonsils and/or Adenoids	..	..	..	..	622
Chronic Otitis Media..	..	..	..	..	120
Deafness .. ..	..	..	..	..	164
Sinus Investigation ..	..	..	..	..	98
Catarrhal Otitis Media	..	..	..	..	76
Injury to Ear ..	..	..	..	..	1
Epistaxis .. ..	..	..	..	..	2
Cleft Palate .. ..	..	..	..	..	1
Deflected Septum	..	..	..	..	4
Radical Mastoid ..	..	..	..	..	1
Eustachian Obstruction	..	..	..	..	2
Eustachian Catarrh ..	..	..	..	..	1
Bronchiectasis ..	..	..	..	..	1
Wax .. ..	..	..	..	..	38
Dental Maloperation	..	..	..	..	1
Speech Defect ..	..	..	..	..	1
Mouth Breather ..	..	..	..	..	5
Rhinitis .. ..	..	..	..	..	6
					<hr/> 1,144 <hr/>

(vi) Audiometric Survey

The audiometric team continued to work throughout the year testing the hearing of the children in the 8-year old age group, i.e., those born in 1946, and they adhered to the procedure which was explained fully in last year's report. 477 of the 560 children who missed the examination in 1953 were also tested.

Teachers again took advantage of the team's visit to present children who were not in the survey group because of suspicion their hearing was defective.

The table below shows the number of children examined during the year and the number whose hearing was found to be abnormal.

					<i>No. with abnormal hearing</i>
				<i>No. examined</i>	
Children of 8 years of age	..	..		11,647	975
Absentees in 1953	..	..	..	477	70
Children of various ages presented by teachers	..	..	..	156	150
				<hr/>	<hr/>
				12,280	1,195
No. of schools visited—437.				<hr/>	<hr/>

It is interesting to note that, of the children presented by the teachers, only 6 were found to have normal hearing.

The following shows the distribution of the age groups of these children :—

		1940	1941	1942	1943	1944	1947	1948	1949	Total
Abnormal	..	1	2	6	35	31	43	24	8	150
Normal	..	—	—	—	3	1	1	1	—	6

There were 994 absentees in the year's survey group and arrangements will be made for them to be tested in 1955.

All the children (1,195) with abnormal hearing were referred for further investigation by the County Ear, Nose and Throat Specialist.

Appointments were made for attendances of 1,005 children. Of these, 226 failed to attend and 435 were found not to require any further action or treatment. At the end of the year there was a waiting list of 416 which included those who did not accept the offer of examination.

Analysis of the defects in 344 children who attended is as shown below in the table :—

Nerve deafness	30	} Deafness
Severe deafness	3	
Traumatic deafness	2	
High tone deafness	2	
Mixed deafness	3	
	40	

Catarrhal deafness	3	} Infections
Catarrhal Otitis Media	18	
Mild Catarrh and Otitis Media	33	
Catarrhal Otitis Media with enlarged tonsils and adenoids	25	
Enlarged tonsils and adenoids	48	
Chronic suppurative Otitis Media	45	
Chronic suppurative Otitis Media with enlarged adenoids	41	
Chronic suppurative Otitis Media with infected sinuses	17	
Acute suppurative Otitis Media	5	
Recurrent acute Otitis Media	6	
Eustachian catarrh and obstruction	3	
Chronic rhinitis	1	
Sinus infection	13	
	258	

Wax	37	} Others
Radical Mastoid	2	
Cleft palate	1	
Foreign body	1	
Mouth breather	4	
Educationally subnormal	1	
	46	

The first 40 children were suffering from defects of hearing which could be assisted by provision of a hearing aid. The following 258 children had infective conditions—the vast majority of which can be cured or improved by early medical treatment which prevents the conditions from going on to loss of hearing which might develop in the absence of adequate treatment.

There are 46 children suffering from various other defects, mostly wax in the ears, which leads to transient deafness but which is, nevertheless, a handicap until removed.

All of these children, therefore, received some benefit from attending the Ear, Nose and Throat Surgeon. Without the Audiometric Team it is very doubtful how many of these would have come to light and received prompt and adequate attention.

(vii) Psychiatric Clinics

No. of children on the register at end of 1953..	..	82
No. of children referred for examinaiton during the		
year .. .. .	..	165
No. of children discharged after treatment during		
the year ... ..	..	11
No. of children discharged after diagnosis only	..	68
	—	79
No. of children on the register at the end of the year		168
No. of children attended .. .. .	..	258
Sources of reference of the new cases for the year.		
School Medical Officers..	..	120
General Practitioners ..	..	11
Hospitals .. .. .	..	14
Medical Auxiliaries ..	..	4
Schools .. .. .	..	7
Children's Department	..	6
Probation Service ..	..	3

The work in this branch of the Service is handicapped considerably through the lack of adequate staff and premises. Consideration has been given to these matters and it is hoped that it will be possible to make some increased provision in the not too distant future. At present there are only two

recognised clinics at which treatment is carried out regularly but occasional sessions are held at various other clinics in the County.

The Psychiatric Social Worker, besides making visits to the homes of children who have been referred for treatment, calls at the homes of selected cases of children who are at the Council's Residential School for Maladjusted Children at Basford Hall.

(viii) Speech Therapy Clinics

Table 15. Summary of Statistics relating to children attending County and other Clinics during the year

<i>County Clinics</i>	<i>No. of treatments given</i>	<i>No. of children under treatment at 31.12.54</i>	<i>No. of new cases during the year</i>	<i>No. of children discharged during the year</i>
Bilston	1,213	67	67	47
Blackheath	454	17	21	13
Chadsmoor	349	37	31	21
Kidsgrove	260	12	19	7
Leek	548	23	8	12
Lichfield	583	55	26	22
Pheasey	159	9	11	9
*Quarry Bank	963	25	22	29
Sedgley	480	26	28	15
Shelfield	328	33	25	8
Stafford	1,203	87	64	58
Tamworth.. ..	421	24	15	15
Tettenhall	305	7	7	10
Tipton	853	35	38	29
Uttoxeter	284	16	10	12
Wednesbury	499	29	31	10
	<hr/> 8,902 <hr/>	<hr/> 502 <hr/>	<hr/> 423 <hr/>	<hr/> 317 <hr/>

* This clinic was transferred in September to Kingswinford.

<i>Hospital or Authority</i>	<i>No. of children under treatment at 31.12.54</i>
Birmingham Children's Hospital ..	9
Burton-on-Trent	5
Newcastle	1
Stoke-on-Trent Education Authority ..	10
Sutton Coldfield	2
Wolverhampton Royal Hospital.. ..	2
Buxton—Derbyshire Education Authority	1
Newport—Shropshire Education Authority	1

Table 16. Diagnosis of children attending County Clinics during the year.

Stammering	...	..	..	..	258
Stammering and dyslalia	..	..	..	..	21
Sigmatism	..	..	..	..	13
Multiple dyslalia	..	..	..	..	307
Simple dyslalia	..	..	..	..	96
Dysenia	..	..	..	..	10
Cleft palate	..	..	..	..	31
Excessive nasality	..	..	..	..	8
Insufficient nasality	..	..	..	..	4
Dysphonia	..	..	..	..	12
Dysarthria	..	..	..	..	13
Psychological maladjustment	..	..	..	..	2
Dysphasia	..	..	..	..	4
Retarded Speech	..	..	..	..	4
No defect found	..	..	..	..	25
Alalia	..	..	..	..	2
Mouth breather	..	..	..	..	1
Indistinct Speech and Dyslalia	..	..	..	..	1
Palatal Paresis	..	..	..	..	1
Under observation	..	..	..	..	6

With four Speech Therapists working a full year and one until mid-November, the number of treatments, 8,902, showed an increase of 1,902 over 1953.

One Therapist continues to devote part of her time to work in the Excepted District of Newcastle-under-Lyme, and classes are still being held at the Special Schools for Educationally Subnormal Boys and Girls at Standon Bowers and Walton Hall respectively.

The majority of children are referred for treatment by the School Medical Officers. Those referred by non-medical personnel are examined by the School Medical Officers who decide whether attendance at a Speech Clinic is necessary.

Three children with severe speech defects are at Moor House Residential Special School and one child is on the waiting list for special educational treatment.

(ix) Ultra-Violet Light Clinics

Treatment has been given at the following clinics during the year. Children are referred by the School Medical Officers Chest Physicians and General Practitioners and the normal course consists of 12 treatments.

In special circumstances, a shorter course may be recommended. The children are sent back to the Officer who made the recommendation when the course is completed.

Table 17. No. of children referred to Ultra Violet Light Clinics and the number who completed treatment

CLINIC	Number of Cases referred				Number of Cases completed treatment				Total Number of treatments						
	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total	Jan. to Mar.	Apr. to June	July to Sept.	Oct. to Dec.	Total
BILSTON	23	15	25	31	94	3	30	20	6	59	226	308	48	440	1022
BLACKHEATH (Carlyle Road)	27	2	—	33	62	20	10	—	11	41	384	82	—	246	712
CANNOCK	34	16	11	30	91	20	33	14	16	83	775	666	314	509	2264
LICHFIELD	21	14	5	22	62	15	24	10	11	60	416	256	81	243	996
PHEASEY	4	3	—	—	7	—	3	—	—	3	23	19	—	—	42
ROWLEY REGIS (Mace St., Old Hill)	16	5	2	25	48	15	20	—	8	43	242	178	17	236	673
RUGELEY	24	3	8	6	41	3	19	6	6	34	276	260	108	140	784
TIPTON (Central)	17	17	—	7	41	2	24	5	2	33	104	221	43	62	430
TIVIDALE	2	4	—	—	6	5	4	—	—	9	81	85	—	—	166
WEDNESBURY (Mesty Croft)	12	13	13	12	50	—	3	7	—	10	152	78	241	382	853
WILLENHALL	—	—	—	46	46	—	—	—	26	26	—	—	—	435	435
TOTALS	180	92	64	212	548	83	170	62	86	401	2679	2153	852	2693	8377

The clinics at Pheasey and Willenhall opened in March and September respectively. No treatment was given at Pheasey during the second half of the year. Unfortunately very little work has been possible at the Tividale Clinic owing to lack of staff and no treatment was given after April. There is no prospect of the appointment of the necessary staff for some time to come and the apparatus is to be transferred to another clinic.

The following table shows a summary of the cases which have been treated and the improvement made in their condition.

Table No. 18

Clinic	No. of children attended	No. of Children who gained or lost weight		Change in Nutrition	Change in Appetite after treatment			
		Gain	Loss		Much imp.	Imp.	No Change	Worse
Bilston ..	50	18	No record	11 Improved 9 No change 30 No record	34	8	7	1
Blackheath ..	16	12	4		—	11	4	—
Leek ..	4	4		4 No change No records	One incomplete treatment	2	2	—
Lichfield ..	50	32		26 Improved 3 No change 1 No record	1	27		
Mace Street ..	30	22	3	19 Improved 13 No change 3 Incomplete treatment	2	No record		
Mesty Croft ..	35	32	No change	2 Improved 1 No change 4 No record 3 No change				
Rugeley ..	47	47	—	2 Improved 45 No change 30 Improved No Records	7	31	9	—
Tipton ..	35	30			6	22	2	—
	5 Incomplete Attendances							
Tividale ..	8	7		8 No change	1	3	4	—
Willenhall ..	34	1 No record 33	1	30 Improved 4 No change		12		
					22	No record		

The following are the recorded defects from which the children, who attended the Clinics, were suffering. It is reported that all these benefited from treatment.

Debility	..	..	..	..	63
Bronchitis	..	..	..	..	16
Poor Appetite	..	..	..	..	10
Colds	..	..	..	..	8
Languid	..	..	..	..	7
Tonsils and Adenoids	..	..	..	..	6
Enlarged Tonsils	..	..	..	..	6
Enlarged Cervical Glands	..	..	..	..	3
Catarrh	..	..	..	..	3
Coughs	..	..	..	..	2
Anaemia	..	..	..	..	2
Adenoids	..	..	..	..	2
Poor Nutrition	..	..	..	..	2
Debility and Anaemia	..	..	..	..	2
Debility and Impetigo	..	..	..	..	2
Impetigo	..	..	..	..	2
Constant minor illnesses	..	..	..	..	2
Coeliac Disease	..	..	..	..	2
Post-operative debility	..	..	..	..	1
Alopecia	..	..	..	..	1
Ichthyosis	..	..	..	..	1
Acne Vulgaris	..	..	..	..	1
Anorexia and Systolic Murmur	..	..	..	..	1
Debility and Bronchitis	..	..	..	..	1
Debility and Asthma	..	..	..	..	1
Debility and Rheumatism	..	..	..	..	1
Debility and Sinusitis	..	..	..	..	1
Asthma	..	..	..	..	1
Not gaining weight	..	..	..	..	1
Boils	..	..	..	..	1
Sore Throats, termperatures	..	..	..	..	1
Post tonsillectomy	..	..	..	..	1

A few children were reported to have received no benefit from treatment and were recorded to have the following defects :—

Acne vulgaris	..	..	1	Much the same
Tonsillitis	..	..	1	Still enlarged tonsils—infection
Debility	..	..	1	Always sick after treatment
Asthma, bronchitis and frequent colds	..	1		Of doubtful value, but no asthma since treatment began
Anorexia and Cough	..	1		Cough less but no real im- provement
Debility	..	4		No change
Cough	..	..	1	No improvement
Posture	..	..	1	No change
Debility & Malnutrition (Poor home)	1			Sent to open air school

Hospital Treatment

(i) TREATMENT OF TONSILS AND ADENOIDS

	1952	1953	1954
No. of children referred by S.M.O.'s	443	691	968
No. of children so referred who received operative treatment	144	326	259
Total number of children who received operative treatment	2,133	1,911	1,953
No. of children awaiting treatment	—	1,360	1,712

Full information is not received from all hospitals in regard to treatment of these cases.

(ii) ORTHOPAEDIC TREATMENT

	1952	1953	1954
No. of children referred to Hospitals	374	575	650

(iii) ORTHOPTIC TREATMENT

<i>Hospital</i>	<i>No. of children referred to hospitals</i>		
	1952	1953	1954
Dudley Guest Hospital	9	4	2
North Staffs. Royal Infirmary ..	1	2	6
Staffordshire General Infirmary ..	21	26	52
Walsall General Hospital ..	1	—	—
West Bromwich and District General Hospital	8	7	9
Wolverhampton Eye Infirmary	25	16	19
Lichfield Victoria Hospital ..	—	—	153
	— — —	— — —	— — —
	65	55	241
	— — —	— — —	— — —

REPORT OF THE PRINCIPAL COUNTY SCHOOL DENTAL OFFICER

Statistical Survey

Out of an estimated school population of 126,556 a total of 60,646 children were dentally inspected during the period under review. It is a matter of some satisfaction to record that this is the highest figure attained since the year 1948. Of the 60,646 children inspected, 51,629 children were routine cases and 9,017 were special cases.

Whilst the increase in the number of children inspected is gratifying, it must be remembered that only approximately half the children under the care of the Authority are receiving the benefit of inspection. Of the children inspected, 42,691 were found to have dental defects and 36,523 were actually referred for treatment, whilst 32,163 actually accepted the treatment offered. The total number of attendances made by children at the Dental Clinics was 47,259. Parents to the number of 14,303 accompanied their children at the time of treatment. The average number of fillings inserted per child attending for fillings was 1.5. This figure over the years remains more or less a constant. On the other hand, the average number of extractions performed per visit for extractions was 2.0 compared with 1.9 for the previous year. This is indicative of the general worsening of the dental condition of the school population as a whole.

At 276 Schools or Departments the treatment of pupils therein was completed during the year leaving a balance of 323 Schools deprived of this benefit. A further 18 Schools were inspected but the treatment had not been completed at the close of the year.

Special Cases

Once again it is necessary to record that the number of special or emergency cases presenting themselves for treatment has sharply increased. During the year 1954 no less than 9,017 of these cases came to light, compared with 7,887 in the previous year. The origin of these cases has been outlined in previous reports and need not be repeated. Treatment of these emergency cases is now making such serious demands upon the energies of the staff that the crucial element of the

Dental Scheme, namely preventive treatment of routine cases, tends to be neglected. With a strictly limited Staff it is obvious that if each year more and more of these emergency cases present themselves for immediate treatment, there is less time to devote to routine cases. How this influx of special cases is adversely affecting routine treatments is well illustrated in the following table :—

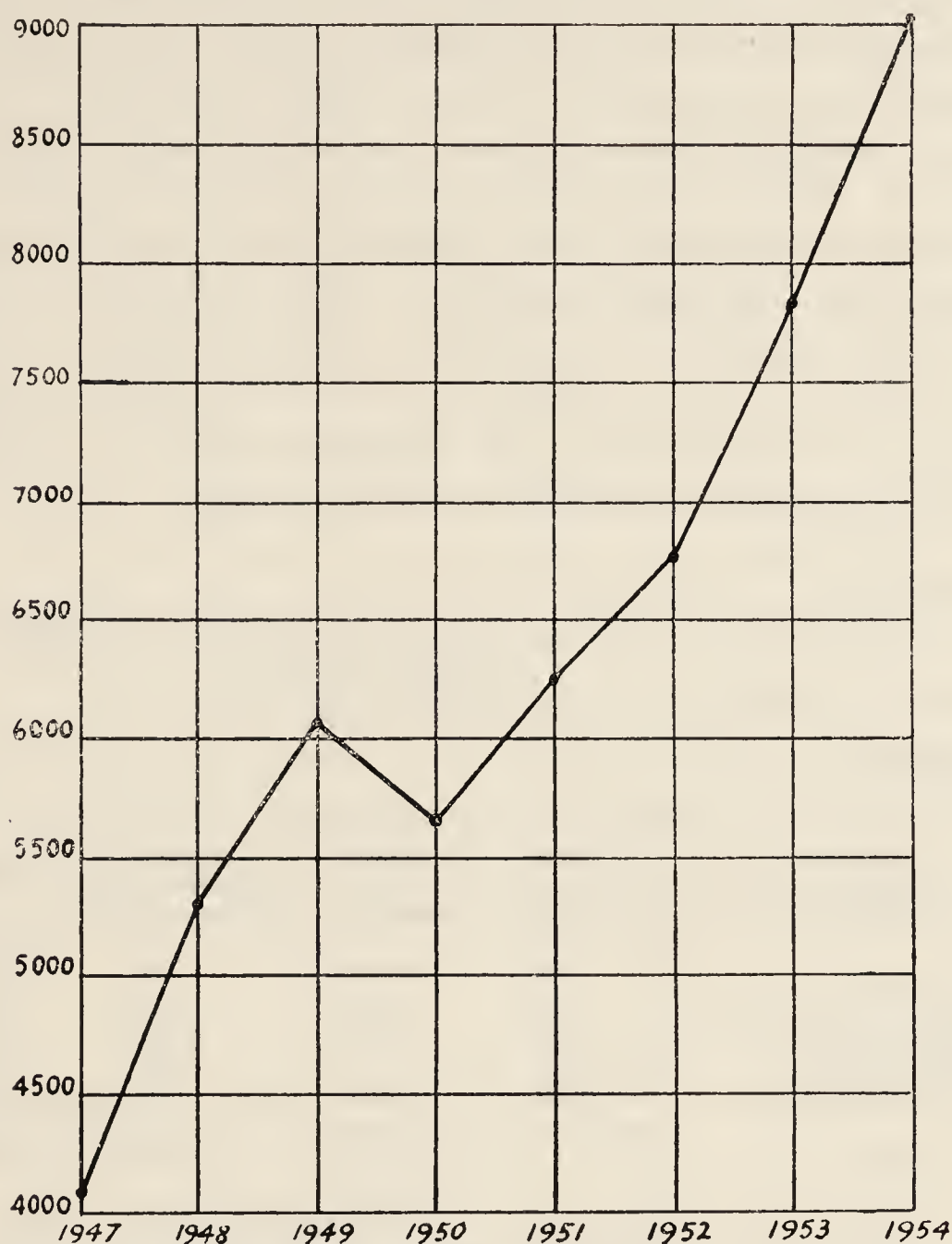
Ratio between routine and special cases treated during the period 1948—1954.

		<i>Routine cases</i>	<i>Special cases</i>
1948	..	4.7	1
1949	..	3.8	1
1950	..	4.3	1
1951	..	3.9	1
1952	..	3.0	1
1953	..	2.7	1
1954	..	2.5	1

It can be computed that the treatment of these special cases absorbs the energies of the equivalent of approximately 3 full-time Officers. This figure is much too high in relationship to the number of Dental Officers employed.

The increase in the number of “special cases” is clearly shown on the graph appended below.

INCREASE IN SPECIAL CASES DURING THE PERIOD 1947—1954



Aims of the Service

It is an obligation of the Authority to ensure that each child leaves school with a sound and functional dentition and well versed in the principles of oral hygiene. From the statistical data shown elsewhere it can be seen, that there is a lack of compliance with this obligation. Such a state of affairs cannot, of course, be attributed to failure on the part of the Education Committee but is entirely due to that body's inability to recruit an adequate Staff.

With a limited Staff, work has to be carefully apportioned and it has to be decided as to whether treatment of Special cases or Routine cases has first charge upon the energies of a depleted Staff. No hard and fast directive has been issued to the Dental Officers on this point but a working compromise has evolved inasmuch as while the treatment of routine cases remains the Dental Officer's first love, Special cases, especially those in pain, are never turned away untreated. Within limits this works perfectly well in the fully manned areas but in the partially staffed areas a complete breakdown of routine treatments appears imminent. Here, in highly industrial areas, where a Dental Officer is only in attendance 4 or less sessions per week, the influx of Special cases is so overwhelming that no routine work can be undertaken and only a breakdown service exists.

Treatment

An analysis of the treatment carried out, classified into types of treatment, is appended herewith.

Table 19.

<i>Children Treated for :—</i>	<i>Special cases</i>	<i>Routine cases</i>	<i>Further Appointments</i>	<i>Total</i>
Fillings only	388	9,907	5,439	15,734
Fillings & extractions	25	2,138	690	2,853
Extractions only ..	5,835	9,534	4,348	19,767
Orthodontics	130	—	2,949	3,079
Sundry operations ..	2,589	1,567	1,670	5,826
TOTAL	9,017	23,146	15,096	47,259

The output of work for each individual Officer calculated against the sessions worked shows little variation year by year.

Although mechanical aids have reached a high state of perfection, each and every dental operation has to be performed by hand and every operation, by its very nature, must be time consuming. For any operation carried out under a like circumstance there is a marked time variation between individuals. It has been found by experience that each Dental Officer has his own rate of work which, over a period of time, remains more or less constant. Bearing in mind that each

Officer has complete clinical freedom, it is considered neither desirable nor advisable to make any attempt to accelerate work output if the Officer is working to full capacity even though his figures fall below those of his quicker working colleague. If pushed beyond his normal working rate, an Officer must adopt a more hurried technique which would be productive of sundry failures in all branches of his work. It is essential that dental work for children must, within the limits of human endeavour, be failure free.

This applies most especially to conservative work, where even an unavoidable failure can and does influence the acceptance rate of a school far and beyond the importance of this particular failure.

Children are most sensitive to the atmosphere in a Clinic and react most adversely if they feel they are being hurried and the end result of this reaction is that their treatment will occupy more time than if the operation was carried out in a calm and unhurried manner.

At the same time, it must be admitted that this calm and unhurried atmosphere is not always easy to maintain when upon an already fully programmed routine treatment session is suddenly superimposed a number of special cases who arrive at the Clinic without notice and who require immediate attention.

Operations and other activities carried out during the year comprised :—

7,190	Amalgam fillings
19,582	Amalgam and cement fillings
7,286	Permanent teeth extracted
25	Root dressings
546	Gum treatments
3	Bites
182	Dentures fitted
3	Dentures eased
273	X-rays
295	Fillings polished
3	Crowns fitted
1	Ulcer treated

4	Supernumeraries extracted
2	Sockets plugged
1	Pulp removed
1	Socket dressed
828	Other dressings
413	Orthodontic appliances fitted
1,865	Silicate or self curing acrylic fillings
38,476	Temporary teeth extracted
1,108	Scalings of teeth
12	Roots filled
810	Impressions
31	Try-ins
25	Dentures repaired
3	Gums sutured
440	Polishings of teeth
2	Crown preparation
13	Teeth trimmed
2	Post extraction treatment
4	Swabs takem
5	Sockets syringed
1	Arrest of haemorrhage
3,227	Ag. NO ₃ dressings
2,877	Regulation supervision

In addition, advice was given on 3,211 occasions as well as 395 instructions in oral hygiene and 28 propaganda talks in schools.

Staff

Changes which have occurred during the period under review are shown in detail elsewhere. The average age of the Dental Surgeons is 49, which is too high indicating that younger men are not entering the County Service. No less than 9 officers or 50% of the entire staff are 55 years of age or over. It is generally assumed that from the age of 50 upwards, in consequence of nature taking her toll, that movements tend to become progressively but imperceptibly slower. Dentistry being an amalgam of knowledge and manual dexterity it is reasonable to assume that declining work output from the higher age groups of the staff would be experienced.

This may be to a certain extent true but is largely compensated by the fact that years of experience has evolved a technique whereby a maximum effect is produced by a minimum of movement.

During the year, a total of 195 sessions or practically half the equivalent of a full-time Dental Officer was lost through sickness. This figure, though serious, cannot be regarded as unduly high in view of the age of the Officers employed.

From a national point of view regarding the Dental Profession as a whole, the wastage due to death or retirement greatly exceeds the intake. Additional to this, during the next five years there will be an abnormal wastage due to the withdrawal from professional activities of about 3,700 Dentists who now average round about 65 years of age. The overall picture therefore is that, within the next 5 years, there will be about 2,000 less Dental Surgeons available for all purposes. For reasons not clearly understood, the School Dental Officer has undeservedly been regarded as the "Cinderella" of the Profession and it appears extremely doubtful if the strength of the present Staff can be maintained, let alone be augmented. Under prevailing and foreseeable conditions, there is every indication that the acute staff depletion is incapable of resolution.

Areas

For the second year in succession, routine treatment in the Leek, Tamworth, Darlaston and Wednesbury areas has remained suspended. On the credit side, Stafford No. 2 Area has been re-opened on a full-time basis since early June following the appointment of a full-time Dental Officer. Wednesfield and Bilston have remained on a partially manned basis during the period under review. On the other hand, the Sheffield area was being maintained on a half-time basis up to the end of July when, owing to the resignation of the Dental Officer, routine treatment has had to be suspended. Provision, as far as the actual staff position allows, has been made for the treatment of emergency cases at either the local Clinic or in closely adjacent areas.

All other Areas have been maintained on a full-time basis throughout the year.

The average number of children in each Area is 5,636, compared with the recommended upper limit of 3,000 children per Officer. From the above it can be observed that each Dental Surgeon has nearly double the number of children he should have if he is to complete his circuit within the twelve months.

Whilst this factor is borne continually in mind, little can be done to relieve the situation until such time as the closed and partially opened Areas are fully staffed.

Acceptance Rate

The percentage of children accepting and actually receiving treatment during the year was 88% compared with 87.7% obtained during 1953. Small variations in the yearly acceptance rates are of no significance and can be attributed to a variety of reasons.

It is exceedingly difficult to assess to what extent, if any, the general practitioner in private practice is supplementing the School Dental Service. A considerable and increasing number of children, especially in the Grammar and Secondary Schools, decline treatment on the grounds that they are taking steps to obtain treatment privately. Subsequent inspection reveals the fact that a singularly low proportion of these children have received comprehensive or complete treatment. In the vast majority of cases, all that appears to have been done is that one or more painful or septic teeth have been removed, leaving any time consuming conservative work untreated. It would not be safe to assume that this state of affairs is due to neglect or lack of interest on the part of the private practitioner but due weight must be given to the possibility and probability that the parent or child would only accept the minimum of treatment to render the mouth comfortable. Even though it may be strongly suspected that a child is trying to evade treatment, when it states it is going to obtain it privately, it would be unethical to bring any pressure to bear in an attempt to persuade the child to reverse that decision.

A total of 36 schools obtained an acceptance rate of 100% and the acceptance rate of all the schools treated is tabulated below :—

Table 20. Showing acceptance of treatment rate for all Schools treated during 1954.

<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>	<i>Accept- ance rate obtained</i>	<i>No. of Schools</i>
100%	36	87%	9	74%	3	61%	2
99%	1	86%	8	73%	2	60%	3
98%	2	85%	11	72%	2	59%	—
97%	6	84%	7	71%	5	58%	3
96%	8	83%	8	70%	8	57%	2
95%	13	82%	6	69%	1	56%	2
94%	9	81%	6	68%	5	55%	2
93%	7	80%	8	67%	4	54%	2
92%	5	79%	6	66%	1	53%	1
91%	6	78%	2	65%	4	52%	2
90%	9	77%	4	64%	1	51%	8
89%	4	76%	6	63%	3	and	
88%	8	75%	11	62%	2	under	

Incidence of Dental Caries

Dental caries is the most prevalent defect of children. It is rampant and largely untreated.

It is ironical to consider that it is within the power of the community to check and even halt this disability by means which are comparatively simple and which entails neither large expenditure of money nor inflicts undue hardship.

The means at the disposal of the community is the adoption of a diet which contains ingredients so constituted that the teeth and jaws must perform the function intended by nature. By and large the community is not unaware of this phenomenon but the implementation of such a dietetic change would need the breaking down of prejudices which are most firmly established. Contrary to the obvious means of combating the ravages of this disease, the public as a whole appear to consume and enjoy foodstuffs which are hardly recognisable as a product of nature. Year by year there appears on the tables of the nation increasing numbers of packeted foodstuffs, super-refined and devoid of all natural

roughage and consisting, in the main, of various forms of pure starch. On this diet our children are fed during their formative years.

In nature there are no awards and no punishments—merely consequences. Therefore, the fact that the young of the nation present mouths in which there is rampant caries should occasion no surprise ; it is inevitable.

The survey of the 5-year age group started in 1947 has been continued. Detailed figures for each year have not been included but findings for selected years are given which well illustrate the deterioration of the oral conditions of the “entrant” class emphasised in previous reports.

A somewhat similar survey was carried out in the year 1930 and, although the headings used were not exactly the same, they are sufficiently alike to be included for purposes of comparison

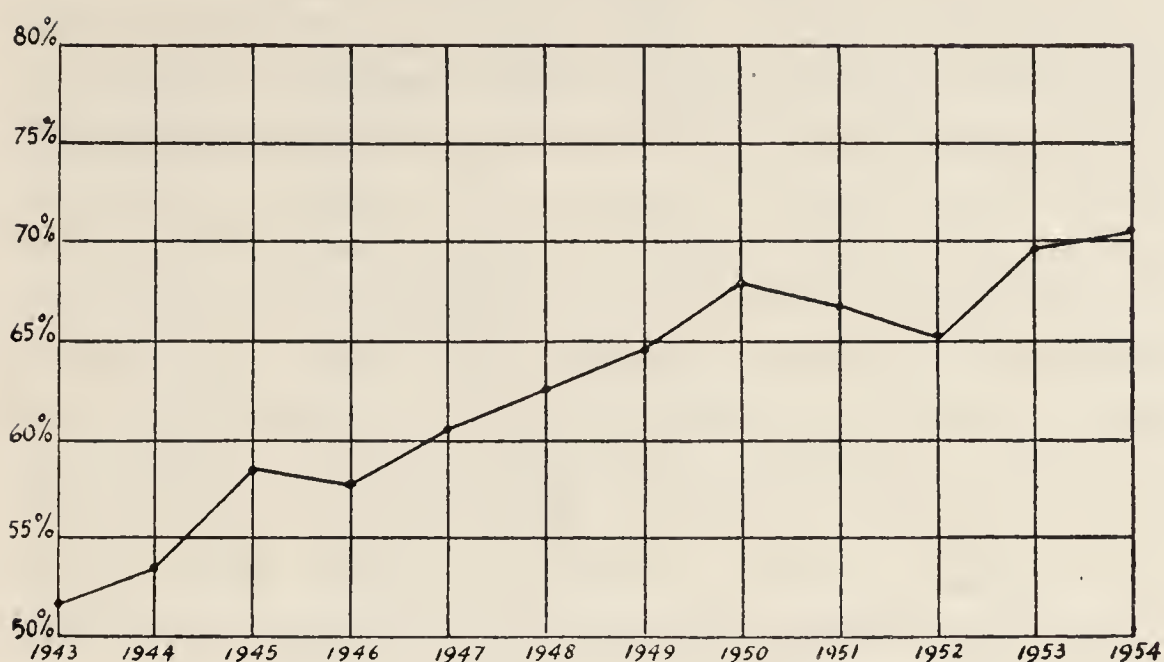
From these it will be observed that although the present condition of the ‘entrant’ class is a matter for grave concern it is not as bad as that existed in a mere two and a half decades ago.

Table 21. Showing amount of dental caries existing in the Entrant Class over selected years.

<i>Year</i>	<i>No. of children examined</i>	<i>No. with sound dentitions</i>	<i>No. with one tooth decayed</i>	<i>No. with two teeth decayed</i>	<i>No. with three teeth decayed</i>	<i>No. with four or more teeth decayed</i>
1930 %	2,704	335 12.3	—	464 17.2	—	1,905 70.5
1947 %	3,920	1,519 38.9	525 13.4	566 14.4	434 11.0	876 22.3
1951 %	3,673	1,017 27.7	400 10.9	546 14.8	426 11.6	1,284 35
1954 %	4,462	766 17.2	342 7.7	539 12.0	457 10.2	2,358 52.9

Taking the County as a whole, the dental caries incidence rate for all age groups is 70.4% compared with 69.2% for the previous year. The yearly climb in this rate from the years of austerity to the present day is well illustrated in the following graph :—

INCIDENCE OF DENTAL CARIES—ALL AGE GROUPS



The special investigation undertaken at the request of the Ministry of Education into the oral conditions of both the 5 and 12 year age group has been continued and the findings are recorded in the following table :—

Table 22. Special investigation of the oral conditions of the 5 and 12 year age group

<i>Age Group</i>	<i>No. of children examined</i>	<i>No. of decayed missing or filled teeth</i>	<i>No. of children showing no decayed missing or filled teeth</i>	<i>% of children showing no decayed missing or filled teeth</i>	<i>Average No of decayed missing or filled teeth per child</i>
5	4,213	19,778	636	15.0	4.69
12	2,522	7,351	435	17.2	2.9

Orthodontics

Treatment of all but the more simple types of malocclusion is not normally regarded as being within the province of the usual duties of a Dental Surgeon but falls within the sphere of specialist treatment. Such being the case, all the complicated cases not requiring surgery should be treated by a specially trained Orthodontist, preferably employed by the Authority. The number of trained Orthodontists is strictly

limited and none appear available for exclusive work in the School Dental Service. This has been recognised by the Education Committee and, in this connection, it has sent over a period of years 6 of its Dental Officers on short, but intensive, Post Graduate Courses on this subject. Attendance at a Course does not suddenly convert a Dental Surgeon into an Orthodontist but merely makes him conversant with the principles and modern techniques of the science. By virtue of years of experience working along lines exemplified at these Courses, the Authority's Dental Officers have become competent to deal with practically all the cases that come to light. The exceptions, which are few, are those which require advanced surgical interference or of a technique, facilities for which are not possessed by the Dental Officer.

The magnitude of the problem of providing Orthodontic treatment for all members of the school population who need it has not been clearly defined. Whilst various estimates exist as to the proportions of the population who present abnormalities of one or both jaws, no firm figures are available. Such being the case, it is impossible to assess the ultimate requirements for a comprehensive treatment scheme. Although at the moment, only the fringe of the problem is being dealt with, an undue charge upon the energies of a depleted Staff is becoming evident. There is no doubt that both parents and children are becoming aware that unsightly abnormalities can be corrected and this has produced a demand for treatment that is most difficult to satisfy. The selective restriction on the acceptance of patients outlined in previous reports has been continued. Even with this, there is a danger that keenly interested Officers may accept so many patients that the work involved would act to the detriment of their normal routine duties. This has been avoided by limiting orthodontic treatment sessions to any average of one session a fortnight an Officer.

During the period under review, a total of 1,151 children sought treatment for the purpose of correction of abnormalities. Of these, 920 were cases of simple overcrowding which was corrected by judicious extractions.

The remainder of the cases were somewhat more complicated and, for their correction, needed the provision of appliances. Details of the work performed are shown in the following table :—

Table 23. Details of work for Orthodontic cases.

No. treated by extractions only	No. treated by extractions & appliances	No. treated by appliance only	Extractions for the purpose of regulation		Types of appliances supplied			Total attendances for all purposes	Attendances for regulation supervision
			Temps.	Perms	Remove-able	Oral. Screens	Mono blocks		
920	76	155	1,191	377	382	11	20	3,999	2,877

Cases completed during the year	Treatment suspended due to lack of co-operation	Estimate of sessions devoted to the work
1,045	39	266

X-rays

Facilities for X-ray examination, with two exceptions, now exist within reasonable distance of all areas.

The first exception is Rowley Regis but, as this is closely adjacent to Birmingham, patients from here are referred to the Birmingham Dental Hospital who undertake the X-ray examination on our behalf. This assistance is much appreciated and is gratefully acknowledged.

The second exception is the Rugeley, Lichfield, Tamworth districts which are rather awkwardly sited geographically in relation to the existing X-ray Units. Patients from here have to travel, for an X-ray examination, longer distances than is considered desirable and consideration will ultimately have to be given to the provision of a Unit at Lichfield.

An increased use of X-rays as an aid to diagnosis has become evident during the year. A total of 273 films were exposed during 1954 compared with 176 for the previous year.

General Anaesthetics

Mention has been made in previous Reports that, due to the increasing intervals between inspections each successive year, more cases are coming to light wherein the oral conditions are such that the use of local anaesthesia is contra-indicated. Recourse, therefore, has to be made to general anaesthetics.

During the period under review, the number of administrations was 7,817 compared with the figure of 5,833 for the year 1953. There is no doubt that children have little or no fear of a general anaesthetic and appear to much prefer it to a local. To conserve dental manpower the administrations, with a few exceptions, have been carried out by members of the medical staff. Whilst no Medical Officer is employed exclusively as a Dental Anaesthetist, the Officers who perform the administrations have, by special training or experience, gained such a command of their subject that the sessions proceed smoothly and without untoward events. Without exception, the Dental Officers have expressed their appreciation of the services rendered by their medical colleagues.

It is a matter of satisfaction to record that there has been no curtailment of the extension of the number of General Anaesthetic sessions due to the non-availability of Medical Officers. In the main, the anaesthetic used has been N₂O and Oxygen but in some cases, where more time was required, Trilene in conjunction with the above mixture was used. In spite of the increased salivation associated with the use of Trilene, these administrations gave satisfaction to all concerned. In cases of very young children, where a quick induction and recovery was indicated, Vinesthene was used with success.

Oral Hygienist

The appointment of an Oral Hygienist is a new departure and, whilst there is evidence that the appointment is serving a useful purpose, it is too early to attempt to assess its true value. It is found that the Oral Hygienist does, to a certain extent, take some of the operative burden off the shoulders of the Dental Officer as she is engaged in the scaling and polishing of teeth as well as the treatment of certain gum conditions. Whilst this aspect is of great value, the emphasis of her importance lies in the sphere of prevention.

Each patient, whilst in the chair, is instructed in the principles of oral hygiene but her main activities in the prevention aspect is in the talks and demonstrations given to classes of children in the schools.

These are simple but interesting and the instruction, if followed, should be productive of lasting benefit.

Mobile Dental Clinics

The two Mobile Clinics owned by the County Council, and operating in the north of the County, have remained in full use during the whole period under review.

From the experience gained in their use, it has become evident that they are a most satisfactory solution to the perennial problem of securing suitable accommodation when treating patients at congested schools.

Their advantages and disadvantages have been discussed in previous reports and no useful purpose would be served by a repetition of these factors.

Table 24. Summary of Dental Statistics

(1) Number of children who were :—

(a) Inspected by the Dentist :

Routine age groups	51,629
Specials	9,017
Total inspected	60,646

(b) Found to have dental defects 42,691

(c) Referred for treatment 36,523

(d) Actually treated 32,163

(2) Half days devoted to $\left\{ \begin{array}{l} \text{Inspection 472} \\ \text{Treatment 5,934} \end{array} \right\}$ Total 6,406

(3) Attendances made by children for treatment .. 47,259

(4) Fillings, Temporary teeth filled 470

Total number of fillings

in temporary teeth 478

Permanent teeth filled .. 25,691

Total number of fillings

in permanent teeth .. 28,159

Grand Total of fillings 28,637

(5) Extractions $\left\{ \begin{array}{l} \text{Temporary teeth .. 38,476} \\ \text{Permanent teeth .. 7,286} \end{array} \right\}$ Total 45,762

(6) Administration of general anaesthetics for
extractions 7,817

(7) Other operations $\left\{ \begin{array}{l} \text{Perm. teeth 7,912} \\ \text{Temp. teeth 3,227} \end{array} \right\}$ Total 11,139

PART IV—INFECTIOUS DISEASE

(a) Summary of Notifications from Head Teachers

Table 25. Comparative Statistics 1948-1954. Suspected cases of infectious disease		1948	1949	1950	1951	1952	1953	1954
Scarlet fever	..	1,090	578	686	646	725	519	447
Scarlatina	..	—	—	—	—	34	22	—
Diphtheria	..	90	31	41	71	23	36	15
Measles	..	2,457	2,674	3,142	5,097	2,313	4,680	963
German measles	..	797	78	212	1,741	1,930	712	820
Whooping cough	..	1,192	679	1,354	1,745	911	1,425	773
Mumps	..	4,058	848	2,237	2,240	1,963	1,721	3,170
Chicken-pox	..	3,322	1,613	2,276	4,088	4,762	3,544	3,121
Influenza	..	37	101	109	2,288	80	285	988
Scabies	..	124	19	5	9	4	4	2
Infantile paralysis	..	7	16	87	3	7	8	7
Meningitis	..	—	—	6	2	4	1	5
Impetigo	..	3	9	6	4	9	21	42
Ringworm	..	—	3	2	6	3	5	1
Jaundice	..	—	24	66	23	10	37	69
Pink eye	..	—	11	3	—	—	—	—
Conjunctivitis	..	—	—	—	4	7	1	—
Dysentery	..	—	—	—	97	18	1	171
Paratyphoid	..	—	—	—	2	—	—	—
Cerebro Spinal Fever	..	—	—	—	—	—	1	—
TOTALS	..	13,177	6,684	10,232	18,066	12,803	13,023	10,594

The table above shows a fall of approximately 19% in the number of cases of infectious diseases reported by head teachers as compared with last year. There were increases, however, of 1,449, 803 and 170 in the numbers of children suffering from mumps, influenza and dysentery respectively. The cases of dysentery were of the mild Sonne variety and

mostly confined to one small part of the County. Unfortunately Sonne dysentery has now become an endemic disease in Britain with periodic outbreaks affecting susceptible groups, such as children.

This is one of the food borne diseases which spread mostly due to contamination from the hands. An improved standard of personal hygiene and routine handwashing before meals and after use of the toilet could do much to stop the spread of infection.

There were noteworthy falls in the number of cases notified of scarlet fever and measles, but the latter is known to have wide variations from year to year, so that such a satisfactory result is not to be expected in 1955.

Scabies and ringworm among the skin diseases continue to decline but there was doubling of the number of cases of impetigo—which paralleled the experiences of many other areas.

The incidence of poliomyelitis and whooping cough both declined somewhat during the year—in the former case there may have been a relationship to the cold wet weather in the summer months which appeared to influence the spread. In both these diseases new possibilities of control have recently appeared in the form of prophylactic inoculations.

An outbreak of catarrhal jaundice (infective hepatitis) occurred in a school in the Leek area and, in spite of control measures initiated by the School Medical Officer, the outbreak still smouldered at the end of the year—with other cases occurring in the home contacts.

It is disappointing to note that there were still nine confirmed cases of diphtheria in children of school age during the year although this figure is the lowest on record. Only two of these children had been immunised within the preceding three years and their attacks were relatively mild. Every endeavour is made to persuade all parents to agree to their children being immunised but unfortunately some still refuse. No child died of this disease during the year.

Table 26. Number of Suspected Cases of Infectious Diseases Notified by Head Teachers, 1954

Disease	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Scarlet fever ..	35	34	69	25	41	56	23	—	24	42	47	51	447
Diphtheria ..	7	2	—	—	1	2	1	—	1	1	—	—	15
Measles ..	198	155	32	88	194	71	86	—	19	30	36	54	963
German measles ..	15	100	211	81	184	108	104	—	7	3	3	4	820
Whooping cough ..	120	63	119	55	58	65	109	—	40	35	51	58	773
Mumps ..	215	235	454	234	264	313	308	—	162	282	341	362	3,170
Chicken pox ..	281	503	855	221	215	221	228	—	111	194	130	162	3,121
Influenza ..	2	1	4	9	63	13	115	—	2	1	181	597	988
Scabies ..	—	—	—	—	—	1	1	—	—	—	—	—	2
Infantile paralysis ..	—	—	—	—	—	1	—	—	3	1	1	1	7
Meningitis ..	1	3	—	—	1	—	—	—	—	—	—	—	5
Impetigo ..	1	4	1	2	1	3	8	—	3	7	7	5	42
Ringworm ..	—	—	—	—	—	—	—	—	1	—	—	—	1
Jaundice ..	6	2	14	8	7	4	10	—	—	—	15	3	69
Dysentery..	6	61	19	6	33	19	—	—	—	—	19	8	171
Conjunctivitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Fever ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	887	1,163	1,778	729	1,062	877	993	—	373	596	831	1,305	10,594

(b) Vaccination

Table 27. Number of children found to have been vaccinated when examined at the periodical medical inspection

Age Group	No. examined	No. vaccinated	No. unvaccinated	Percentage unvaccinated					
				1949	1950	1951	1952	1953	1954
Entrants ..	16,034	4,830	11,204	66.1	67.6	70.3	69.3	72.5	69.8
2nd Age Group	11,165	3,869	7,296	65.3	66.1	70.8	62.7	63.9	65.4
3rd Age Group	8,493	2,991	5,502	62.2	65.8	63.1	67.9	64.6	64.8

The large proportion of children who continue to be unprotected by vaccination is a constant source of disquiet. The figures this year show little change since 1953—but there is some evidence that parents are now becoming more aware of the need for vaccination. Recent figures of infant vaccination show a small if steady increase in the number of children protected and this should be shown in due course by the school entrants.

(c) Diphtheria Immunisation

Table 28. Number of children (5—14 years) immunised during the year

			1952	1953	1954
Complete Immunisation ..	..	..	6,400	2,599	3,973
Re-inforcement doses ..	..	..	15,313	8,521	14,872

The total number of children immunised as compared with last year has shown a very gratifying increase and is due to the formation of 3 teams of Doctor and Nurse who pay periodic visits to the schools.

This improvement in the number of staff has enabled the previous waiting lists to be cleared off—so that children can now be immunised without undue delay. The number of cases of diphtheria in the County is declining but a chronic focus of diphtheria still remains in one district of Staffordshire and in an adjoining County Borough—so that parents are strongly urged to allow their children to receive this protection. A recent tragic case in which a child for whom the parents had refused immunisation, died of laryngeal diphtheria, has underlined the moral.

(d) Tuberculosis

Table 29. Summary of Reports received from Chest Physicians

Number of children on Dispensary registers			
at the end of 1954	..	..	462
Number of new cases during the year	..		85
Number of children on registers at end of			
year	..	..	344
Suspected cases (under observation) at the			
end of 1954	..	..	29
Cases found to be non-tubercular during 1954			526
Number of deaths (diagnosis not confirmed)			2
Number in Sanatoria at the end of 1954	..		32
Number in Orthopaedic Hospitals at the end			
of the year	..	..	8
Number discharged having recovered	..		69
Number discharged having left the district	..		5
Diagnosis of cases undergoing treatment at the end of the			
year :			
Pulmonary			
(including pleura and intrathoracic glands)			227
Non-pulmonary	{	Bones and joints	44
	{	Glands..	45
	{	Abdomen	20
	{	Miscellaneous	8

It has been necessary during the year to carry out special investigations at 4 schools as a result of 4 children and one teacher being found to be suffering from active pulmonary tuberculosis. Two of the children were brother and sister and attended the same school. In all of the schools the class contacts were dealt with.

In one school after a case had been found following a Mass X-ray survey the children were subjected to a Mantoux Test and those showing a negative reaction were given a B.C.G. vaccination by the Chest Physician.

At two schools the children were tuberculin patch tested and the positive reactors had chest X-rays.

The children at the fourth school were X-rayed.

Altogether 132 children and one teacher were dealt with and all were found to be free from tuberculosis.

PART V—GENERAL HEALTH

(a) Table 30. Classification of the General Condition of Pupils inspected during the year at periodic medical inspections

<i>Age Groups</i>	<i>No. of Pupils Inspected</i>	<i>A (Good)</i>		<i>B (Fair)</i>		<i>C (Poor)</i>	
		<i>No.</i>	<i>% of col. 2</i>	<i>No.</i>	<i>% of col. 2</i>	<i>No.</i>	<i>% of col. 2</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	16,034	7,528	46.95	8,202	51.15	304	1.90
Second Age Group	11,165	5,732	51.34	5,246	46.99	187	1.67
Third Age Group	8,493	3,844	45.26	4,469	52.62	180	2.12
TOTALS . .	35,692	17,104	47.92	17,917	50.19	671	1.89

These figures show another slight increase in the percentage of children in Category 'A' from 47.19 to 47.92 but there has been a further fall in the case of the 'Entrants' in category A from 48.73 to 46.95. There was an equivalent increase, however, in Category 'B' and this is a repetition of the trend seen last year.

There was a very slight increase in the percentage in Category 'C' in the case of the Third Age Group. The averages of the total number of children examined as a whole show again a slight increase in Category 'A' (Good), with a relative decrease in Categories 'B' and 'C'.

These standards are purely subjective and, apart from variations in the children's physique, will vary from time to time with recruitment of new staff and even with the same observer.

(b) **Table 31. Milk in Schools Scheme**

<i>Type of Milk</i>		<i>No. of Suppliers</i>	<i>No. of Schools Supplied</i>	<i>No. of Pupils</i>
Pasteurised	..	54	585	97,550
Tuberculin Tested	..	15	17	901
Undesignated	..	3	3	80
		—	—	—
		72	605	98,531
		—	—	—

(c) **Table 32. Milk for Handicapped Pupils unable to attend school.**

No. of old applications renewed	..	..	22
No. of new applications granted	..	..	19
No. of children who ceased to receive milk			
during the year	..	..	20

(d) **School Meals**

The Director of Education has kindly supplied the information regarding School Meals and Physical Education.

It is pleasing to be able to report that during this year there has been steady progress in all aspects of the work.

The constant scrutinizing of the menus is ensuring a gradually rising standard of meals. There is great competition for the vacant posts, and generally speaking it is easier to fill the vacancies with women who have already had some experience. Much thought has been given to the training of existing staff; group meetings have been held in various areas, and a residential course is planned for the coming summer.

There has been slow progress in raising the standard of premises. Within the limits of expenditure allowed by the Ministry of Education, a considerable number of existing kitchens and sculleries have been improved. A number of new schools have been opened during the year, many of them with their own kitchens. This has made it possible to discontinue the purchase of meals from one Civic Restaurant.

The close liaison between the School Meals and Medical Departments helps to keep to the fore the great importance of working under hygienic conditions.

(e) Physical Education

The general improvement reported in 1953 has been maintained, and there has been a marked improvement in the quality of the work especially in Primary Schools where the needs for more varied and free activity are now being met.

Work seen in Primary Schools provides justification for the continued policy of arranging appropriate courses for teachers, and the interest of both teachers and children in physical education is most encouraging.

The halls in practically all primary schools built since 1945 have been equipped with the full range of fixed and portable junior gymnastic apparatus. The halls in effect have become gymnasias, so that progressive work is now possible throughout the year. Some halls in older schools have also been similarly equipped. Those departments without halls have been supplied with portable climbing apparatus of special design for use in playgrounds.

The difficulty of storing the apparatus, especially in some small schools, has been met by the erection of sectional wooden huts in playgrounds.

Large classes, now common in secondary schools, have made it difficult to maintain good standards of attainment, and limited facilities are strained but, despite these handicaps, steady progress may be reported.

Some halls in secondary schools have been equipped with hinged climbing apparatus so that stronger heaving and abdominal exercise is possible. Those schools without halls have been supplied with vaulting and agility apparatus complete with storage sheds.

Clothing and plimsolls were again provided, and facilities for storage improved.

The opening of a new playingfield in the South-East Division has helped to provide games facilities for a number of schools in the area, but in the County generally there are still schools without suitable playingfields.

During the Spring and Autumn terms football training has taken a prominent place in Schools' programmes and many games, either in leagues or on a friendly basis, have been played. Netball and hockey inter-school and inter-area tournaments were also held, and proved most useful and enjoyable.

Summer term games in most schools include tennis and cricket. Tennis courts with either grass or hard surfaces have been provided at some schools, and it is hoped that with these facilities, play will gradually improve. Through the use of concrete wickets and careful coaching, cricket has already reached a higher standard.

A great deal of athletic training also took place in the term and some progress has been observed particularly in field events. Most secondary and some primary schools held their own sports meetings, and provided athletics for Divisional and County Championship meetings. The County schools were well represented at the National Championships, and the County Association obtained seventh place in the competition.

Swimming instruction was given at 21 baths during the Summer term, and each week 181 schools with 531 classes attended. In the Autumn term 11 baths were used and 88 classes attended weekly. This does not include the three schools which have their own baths. The total number of County Awards gained was 5,462 and 318 R.L.S.S. Awards were gained in addition.

Bèaudesert Park was not used this year but new camps were established at Teddesley Park. Full use was also made of those at Coven and Cotwalton sites. Boys' camps were again held during August at Dolwyddelen and Llangwyndl in North Wales. In spite of inclement weather camping was as popular as ever, and there was an attendance of 2,337 boys and girls at all camps during the season May to August.

Teachers taking part in local Physical Education Courses numbered 162. Residential courses were also held at County of Stafford Training College, Cheshire County Training College and Coven Camp. The total number attending these was 78.

Miss F. Smallwood resigned her post in August to become a lecturer at Avery Hill Training College, and Miss G. E. Morris has succeeded her as Senior Woman Organiser.

There is still a shortage of Specialist Physical Education teachers in many boys' and girls' secondary schools, but with the co-operation of Head Teachers and Staff much good work for the lasting benefit of children in our schools has been accomplished in the year.

(f) Children Neglected or Ill-Treated in their Own Homes

The local Committees which were set up in accordance with the provisions of the Joint Circular of the 31st July, 1950, of the Home Office, Ministry of Health and Ministry of Education, are continuing to carry out valuable work in regard to these children and, during the year, 18 cases were referred to the Local Co-ordinating Officers.

PART VI—UNCLEANLINESS

Table 33. Infestation with Vermin

(i) Total number of examinations in the schools by the School Nurses or other authorised persons	295,711
(ii) Total number of individual pupils found to be infested	3,611
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Sect. 54(2), Education Act, 1944)	62
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Sect. 54(3), Education Act, 1944)	16

Table 34. Analysis of Infestation

		<i>Head</i>			
		<i>Body</i>	<i>Clothing</i>	<i>Lice</i>	<i>Nits</i>
No. of children		128	179	988	14,849

The number of Sacker combs sold to parents during the year was 224.

PART VII—HYGIENE

Table 35. Inspection of School Premises

No. of schools inspected	..	..	..	575
No. of defects found	..	..	..	442
No. of defects rectified	..	..	..	29

The discrepancy between the defects found and rectified is due partly to the economy which had to be exercised but also to the fact that many of the defects cannot be rectified during the year in which they are found. Now that the Government has made provision for more money to be spent on rural schools, there should be a steady diminution in the number of defects reported by School Medical Officers.

SCHOOL WATER SUPPLIES continue to be closely watched and in this connection 137 samples were taken in 1954. Details of water supplies and action taken are set out below.

School Water Supplies, 1954

(a) No. of Schools at which samples were taken	..	..	..	49
(b) No. of Samples taken for bacteriological and chemical examination	..	..	..	137
(c) Results of examinations (i) No. satisfactory	..	..	..	82
(ii) No. unsatisfactory	..	..	..	55
(d) Analysis of action taken regarding unsatisfactory supplies :—				
(i) Repeat samples satisfactory	..	..	..	2
(ii) Supply improved and subsequent samples satisfactory	..	..	..	1
(iii) Defects in chlorination remedied	..	..	..	2
(iv) Supply via churns—cleanliness of churns at fault and remedied	..	..	..	2
(v) Improvement of supplies pressed for	..	..	..	3
(iv) Efficient chlorination pressed for, boiling meanwhile adopted	..	..	..	4
(vii) Mains supply available and being pressed for, meantime water being boiled	..	..	..	1
(viii) Boiling adopted	..	..	..	16

(e)	Main piped water supplies laid on during 1954	..	3
(f)	Schools without main piped water supply at 31.12.54	.. .. .	45
(g)	Schools with main piped water available but not yet laid into the school	.. .. .	8

(a) Table 36. Position regarding handicapped pupils at 31st December, 1954.

Category	Total known ascertained Pupils		Numbers in Special Schools		Number placed in Special Schools in 1954		Number awaiting admission to Special Schools		Number in or having Special provision at an Ordinary School		Number having Home Tuition or Tuition in Hospital		At Home or Hospital without Tuition	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Blind ..	17	11	12	5	3	1	4	6	—	—	1	—	4	6
Partially Sighted ..	28	31	13	11	2	—	5	1	17	—	—	—	—	2
Deaf ..	55	41	44	38	10	2	11	3	—	—	—	—	11	3
Partially Deaf ..	47	39	13	14	8	11	2	4	31	19	—	—	1	2
Delicate ..	59	44	20	12	50	28	10	4	29	28	—	—	—	—
Educationally Sub-Normal ..	550	258	167	73	85	17	157	89	223	93	3	2	—	1
Epileptics ..	57	60	4	2	—	2	—	—	50	53	2	1	1	4
Maladjusted ..	154	69	27	1	6	—	8	2	119	66	—	—	—	—
Physically Handicapped ..	311	279	26	31	15	14	48	43	236	204	43	32	1	1
Speech Defects ..	355	150	2	1	—	—	1	—	352	149	—	—	—	—
TOTALS ..	1,633	982	328	188	179	75	246	152	1,050	629	49	35	18	19
GRAND TOTALS ..	2,615		516		254		398		1,679		84		37	

N.B.—Pupils attending Hospital Special Schools are not included in this table.

Pupils in the Excepted District of Newcastle-under-Lyme who are in or awaiting admission to residential special schools only are included.

Table 35 includes some children who do not come within the categories of handicapped children as defined in the Handicapped Pupils—School Health Service Regulations, 1953. These suffer from a milder type of handicap which does not prevent their attendance at the ordinary school. They are, however, kept under continued supervision to ensure they are properly placed and that the necessary action can be taken immediately some special educational provision is necessary.

The numbers in special schools have increased owing mainly to the opening of the new school at Loxley Hall for Educationally Subnormal Boys and at Rangemore Hall, Needwood, for Partially Deaf Children. 56 boys were admitted to Loxley Hall and 8 boys and 10 girls to Rangemore Hall. Also, at the end of the year, there were 21 more children (11 boys, 10 girls) in residential schools for delicate children than at the same time last year.

As stated on page 29 more time has been devoted by School Medical Officers to the examination of handicapped pupils. More children are being referred now by specialists at hospitals and family doctors. This is due, no doubt, to their increasing appreciation of the facilities afforded by the Authority for the provision of special educational treatment.

Debility

In addition to the children coming within the Ministry of Education definition of Delicate (see School Health Service Handicapped Pupil Regulations 1953 part III para 14(J)) the medical staff had 1,403 debilitated children under observation at the end of the year. Some received special attention at the routine medical inspections, whilst others were examined, or periodically re-examined, at the Authority's Minor Ailment Clinics, where cod liver oil and malt, tonics and vitamins were supplied, in appropriate cases on the advice of the School Medical Officers.

Of the total number under observation, 331 were found to require a period of convalescence. This takes the form of a stay of not less than one month in a Holiday Home where the basis of the curriculum is good food, fresh air, plenty of rest and a carefully regulated routine way of life.

The children are, of course, medically supervised whilst they are away and their initial stay is sometimes extended on the advice of the Medical Officer in Charge, but medical treatment, other than for matters of a very minor nature, is not provided.

By the end of the year 319 children had been admitted to the following Homes and 12 children were awaiting the allocation of a vacancy.

<i>Convalescent Home</i>		<i>Boys</i>	<i>Girls</i>	<i>Total</i>
St. Mary's Home, Broadstairs .. ..	..	145	141	286
Metropolitan Home, Broadstairs .. ..	..	—	1	1
Sheen Park Hotel, Walmer .. ..	..	17	4	21
Tidwell House, Budleigh Salterton .. ..	..	—	10	10
Westhill Home, Leamington Spa .. ..	..	1	—	1
		163	156	319

(b) **Table 37. Visiting of Educationally Sub-Normal Children by Mental Welfare Visitors**

Number of E.S.N. children on the visiting list at		
31.12.53 .. .. .	..	23
Number of E.S.N. children referred during 1954 ..	..	1
Number of Home Visits .. .. .	..	15
Number of individual Progress Reports .. .. .	..	9
Number of E.S.N. children on the visiting list at		
31.12.54 .. .. .	..	15

(c) **Table 38. Classification of children referred to the Mental Health Authority**

<i>Class</i>	<i>No. of Children</i>
Ineducable (Sect. 57(3) Education Act, 1944) ..	62
Ineducable (Sect. 57(4) Education Act, 1944) ..	—
Requiring supervision after leaving school (Sect. 57(5), Education Act, 1944)	46
Total	108

(d) Further Education of Handicapped Persons

The tuition provided by the Authority for Handicapped Persons who are over the statutory school-leaving age falls into three categories :—

1. Home Tuition
2. Correspondence Courses
3. Home Tuition with a vocational bias

HOME TUITION

This kind of tuition is confined almost entirely to formal education in reading, writing and arithmetic to persons who, owing to their physical handicap, were unable to attend ordinary primary schools. The number of persons receiving such tuition is 28.

CORRESPONDENCE COURSES

During the year three County students whilst pursuing a course of study were admitted into hospital for prolonged treatment. In order to allow these students to continue their studies, the Authority met the cost of correspondence courses for these persons. One takes a course in Domestic and Sanitary Engineering, one in Journalism, and the other in Radio.

HOME TUITION WITH A VOCATIONAL BIAS

Two persons who receive home tuition in the basic subjects also receive tuition which has a vocational bias. One receives tuition at home in Commercial Art, another gets tuition in the working of plastics at an Evening Institute.

SUMMARY

Home tuition in basic subjects	..	..	28
Correspondence Courses	..	..	3
Home tuition with vocational bias	..	..	2

(e) Staffordshire Special Schools

Basford Hall	Residential	Maladjusted	30 boys	10—16 years
William Baxter School	Day	E.S.N.	60 boys	10—16 years
			& girls	
Standon Bowers School	Residential	E.S.N.	60 boys	10—16 years
Walton Hall	Residential	E.S.N.	48 girls	10—16 years
Loxley Hall	Residential	E.S.N.	82 boys	8—16 years
Needwood	Residential	Partially Deaf	154 boys	
			& girls	5—16 years

The work of the first four schools has continued satisfactorily during the year, a high proportion of the children leaving being found suitable employment.

Loxley Hall opened on the 17th May and 30 children were admitted. Subsequently 12 children were admitted by the beginning of June and a further 14 on 8th September, making a total of 56. A further 12 are to be admitted early in the new year, and the balance of children required to fill the school will be admitted probably in the summer of 1955 when the services of an additional teacher will be available.

Needwood School opened on 25th January with 17 children, followed by 39 admissions on 15th February. Another 13 children were admitted in May, and 30 on 20th September. It is expected that the remaining children required to fill the school will be admitted in September, 1955 by which time additional staff and living quarters will have been provided. The official opening of the School by Professor and Mrs. Ewing took place on 8th July, 1954, and was well attended.

Eighteen children from this Authority had been admitted by the end of the year.

The principal aim of the school is to try to train the children to enable them to return to the ordinary school before reaching school leaving age or for their return at the end of their school career to the normal world. Great importance is therefore attached to their maintaining contacts with their family and parents are encouraged to visit regularly or to have their children home at week-ends where this is possible.

The general health of the children in all the schools was good and there were very few cases of infectious disease. A School Medical Officer visits each school every term and particular attention was given to those who were about to leave.

Mass Radiography

The Mass Radiography Mobile Units of Birmingham, Dudley, Stoke-on-Trent and Wolverhampton continued to carry out examinations during the year and more than 4,678 children of 14 years or over from 57 schools were reported to have attended for X-ray. Teachers and other staff, including

clerks, caretakers and canteen workers, from these schools were examined, as were also those from junior schools in the same districts. It has not been possible in some instances for the Medical Directors of the Units to report the numbers examined owing to the extra work which would be involved in analysing their records. It was also impossible for the same reason to report the number of children who had been X-rayed. This was in a border district where children from other Authorities attended at the same time for examination.

Fifty-one children were reported to have various abnormalities and, where necessary, these were referred to their own doctors or to chest clinics. Two active cases of pulmonary tuberculosis and one suspected to have the disease were admitted to a sanatorium.

The Director of Education has arranged for them to be conveyed from the schools to the Units whenever this has been necessary.

BOROUGH OF NEWCASTLE-UNDER-LYME
(EXCEPTED DISTRICT)

SCHOOL HEALTH SERVICE STAFF

BOROUGH SCHOOL MEDICAL OFFICER :

JOHN WARRACK, M.B., Ch.B., D.P.H.

DEPUTY BOROUGH SCHOOL MEDICAL OFFICER :

ISADORE ASH, M.D. Rome, D.P.H.

SCHOOL MEDICAL OFFICER :

MARY M. STEVENS, M.B., Ch.B.

PART-TIME ASSISTANT SCHOOL MEDICAL OFFICERS :

DR. T. CRAIG

DR. P. G. JOHNSON

PART-TIME PHYSIOTHERAPIST :

MISS L. M. LOCKETT, M.C.S.P.

PART-TIME SPEECH THERAPIST :

MISS J. M. MOON, L.C.S.T.

PART-TIME OPHTHALMIC SURGEON :

MR. A. N. CAMERON, F.R.C.S., M.B., Ch.B., D.O.M.S.

BOROUGH SCHOOL DENTAL OFFICERS :

MR. J. A. CLUNAS, L.D.S.

MR. H. PEAKE, L.D.S., R.C.S.Eng. (Appointed Nov., 1954)

PART-TIME DENTAL ANAESTHETIST :

DR. E. M. P. LAW

DENTAL ASSISTANT :

MISS E. HITCHEN

PART IX. BOROUGH OF NEWCASTLE-UNDER-LYME. (EXCEPTED DISTRICT)

Dr. John Warrack, School Medical Officer for the Borough of Newcastle has kindly supplied the information for the following remarks :—

Staff

The arrangements for the medical staffing of the School Health Service in the Borough is similar to the previous year. As will be seen from the preceding page there were changes in other personnel during the year.

During the first six months of 1954 the nursing staff for the School Health Service was as in 1953, there being engaged one full-time nurse, three full-time assistant school nurses and six health visitor/school nurses who devoted 5/11ths of their time to the service.

In July, as the result of the retirement of one full-time health visitor, a health visitor/school nurse was appointed. As a consequence the Principal School Medical Officer of the Local Education Authority re-allocated the times of duties of the nurses engaged upon combined duties and also the areas covered by them. As from that date four of the nurses on combined duties give five half days per week to school health service work, two give four half days and one gives three half days per week.

School Population

The number of pupils on the registers of maintained schools (including Nursery Schools) at the end of the year was 12,761, which is an increase of 566 over the previous year's figure.

Arrangements made and Methods adopted at periodic Medical Inspection

As already mentioned in the introduction to this report a change has been made in the ages at which routine medical inspections are carried out in the schools under the School Health Service and Handicapped Pupils Regulations, 1953. Under the old regulations it was provided that pupils should be inspected as follows: “(a) Every pupil who is admitted for

the first time to a maintained school shall be inspected as soon as possible after the date of his admission. (b) Every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school. (c) Every pupil attending a maintained Secondary school shall be inspected during the last year of his attendance at such a school". The new regulations stipulate that arrangements made by the authority for the medical inspection of pupils attending schools maintained by the authority shall ensure "a general medical inspection of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupils on such occasions as may be necessary or desirable". After negotiations with the Local Education Authority it was decided that inspections in the maintained schools within the Excepted District should take place as follows: (1) During the first year of school life. (2) Between the ages of 9 and 10. (3) Between the ages of 14 and 15, and (4) in County Grammar schools between the ages of 17 and 18.

2,773 parents availed themselves of the opportunity to be present at the examination of their children. This figure represents 64.54 per cent. of the children examined, which shows a marked decrease over last year's percentage of 74.35.

Review of the facts disclosed by Medical Inspection and of the Methods employed for the treatment of defects

A.—CLOTHING AND FOOTWEAR

Fourteen children were found to have defective clothing or footwear, or both. In all such cases the homes are visited by a school nurse with a view to rectifying the deficiencies found.

B.—NUTRITION

The nutritional condition of the children examined at periodic medical inspections is shown in Table II.B in the statistical tables at the end of this report.

C.—UNCLEANLINESS

Thirty-four children were found to have verminous heads at routine school medical inspections. This number does not include children found to be verminous during cleanliness surveys or at Clinics.

D.—TONSILS AND ADENOIDS

At periodical and special examinations 116 children were found to be suffering from enlarged tonsils and/or adenoids and were referred for examination by a specialist. During the year 156 cases received operative treatment. This number includes those who were referred for treatment by their own doctors. In addition there were 538 cases which required only medical treatment and/or observation.

E.—TUBERCULOSIS

During 1954, 30 children were referred to the Chest Physician for examination. Eight children attending schools within the Borough have been notified as suffering from Tuberculosis—6 pulmonary and 2 non-pulmonary.

F.—SKIN DISEASES

Twenty cases of skin disease (dermatitis, impetigo, urticaria, etc.) were discovered at medical inspection and found to be requiring treatment. These and an additional 9 cases discovered on other occasions were referred to the Dermatological Clinic at the North Staffordshire Royal Infirmary.

G.—EXTERNAL EYE DISEASE

Four Cases suffering from external eye disease were referred for treatment during the year to the North Staffordshire Royal Infirmary.

H.—DEFECTIVE VISION AND SQUINT

One hundred and twenty cases of defective vision and squint discovered at routine and special medical examinations were referred for treatment, being 114 cases of defective vision and 6 cases of squint. In addition 17 cases of squint discovered at examinations at school Clinics were also referred for treatment. During the year 551 children with defective vision were prescribed glasses after examination by the Schools Ophthalmic Surgeon. By the end of the year glasses had been obtained by 474 of these children.

J.—EAR DISEASE AND DEFECTIVE HEARING

At routine medical inspections during 1954, 70 cases in this category were found to require treatment and of this number 9 were referred to the North Staffordshire Royal Infirmary the remainder being treated at the School Clinics.

Additional Examinations

MEDICAL INSPECTION PRIOR TO ADMISSION TO TRAINING COLLEGES

During 1954, 69 pupils attending schools within the Borough have had a special medical examination by the School Medical Officers and subsequent X-ray of lungs.

MEDICAL INSPECTION OF NEW ENTRANTS TO THE TEACHING PROFESSION

During 1954, 8 examinations were carried out on new entrants to the teaching profession within the Borough as required by the Ministry of Education.

Treatment of Uncleanliness

The school nurses make periodic inspections of the children in school, to ascertain the condition of cleanliness of their heads and bodies. The number of examinations carried out was 57,727. 2,785 children were found to be infested and cleansing notices were issued in respect of each case. Of this number, 743 were dealt with at cleansing sessions at school clinics.

Minor Ailment Clinics

During the year three additional minor ailment clinics were established making a total of eight as follows :—

KNUTTON	Tuesday	10.30 a.m. to 12 noon
High Street	Friday	9.30 a.m. to 10.30 a.m.
SILVERDALE	Thursday	10.30 a.m. to 11.30 a.m.
Mill Street		
CHESTERTON	Monday	9.30 a.m. to 12 noon
Broadmeadow	Friday	11.00 a.m. to 12 noon
RED STREET	Wednesday	11.00 a.m. to 11.30 a.m.
SCHOOL		

WOLSTANTON	Monday	9.00 a.m. to 11.00 a.m.
Lily Street	Tuesday	9.00 a.m. to 11.00 a.m.
	Wednesday	9.00 a.m. to 11.00 a.m.
	Thursday	9.00 a.m. to 12 noon
	Friday	9.00 a.m. to 11.00 a.m.
NEWCASTLE	Monday	9.30 a.m. to 12 noon
Friarswood	Tuesday	9.30 a.m. to 12 noon
House	Wednesday	9.30 a.m. to 12 noon
	Thursday	9.30 a.m. to 12 noon
	Friday	9.30 a.m. to 12 noon
HEMPSTALLS	Wednesday	10.00 a.m. to 11.00 a.m.
SCHOOL		
BRADWELL	Monday	9.30 a.m. to 10.30 a.m.
C.S.M. SCHOOL		

All minor ailments are treated at school clinics and the cases dealt with are included in Table IV Group 1 of the statistical tables at the end of this report. During the year the number of attendances at the various minor ailment clinics was 18,108. Parents and teachers send to the clinics any cases which they consider require attention and cases are also referred to the clinics for the treatment of defects found at periodic inspections.

Ophthalmic Clinic

This clinic is held each Tuesday morning and afternoon in the Ophthalmic room at Friarswood School Clinic. During the year 901 children had refractions carried out and in 551 cases spectacles were prescribed.

Sun-Ray Clinic

The sun-ray clinic at Friarswood House, Priory Road, Newcastle, has continued on Wednesday afternoons from 1.30 p.m. to 3.30 p.m. and Saturday mornings from 9 a.m. to 11 a.m. A qualified physiotherapist, is in attendance at both sessions and a Medical Officer is also present during the Wednesday afternoon sessions. During 1954, 141 children, making a total of 1,552 attendances, received one or more courses of treatment, each course consisting of 13 attendances.

Breathing Exercises

Seventy cases attended the breathing exercise clinic established for the treatment of children suffering from certain diseases of the nose, throat and lungs during the year. 271 attendances were made. The clinic is held once weekly on Wednesday afternoons from 3.30 p.m. to 4.30 p.m. The cases are under the control of the physiotherapist.

Remedial Exercises

In April a class for remedial exercises for children suffering from orthopaedic defects was commenced with the physiotherapist in charge. 66 children were dealt with, receiving 141 treatments.

Speech Therapy

The Speech Therapist continued to provide this very necessary service on Monday mornings and afternoons and Thursday mornings and afternoons. 48 children received treatment during the year and 22 completed their treatment and were discharged.

Child Guidance

The arrangement existing between the Excepted District and the Stoke-on-Trent Education Authority continued during the year. Pupils attending schools within the Borough who are in need of Child Guidance treatment can receive this treatment in the City. During 1954, 10 cases were dealt with in this way.

Mass X-Ray

During the year 2,756 children and 122 teachers from schools within the Borough had miniature X-rays taken. Only 8 of the above persons were found to have conditions which warranted further investigation by the Tuberculosis Officer.

X-Ray of Kitchen Staff

During 1954, 34 members of the school meals service kitchen staff were X-rayed at the Headquarters of the Mobile X-ray Unit at The Ashlands, Hartshill and a further 26 when

the Unit visited schools within the Borough. 52 members of the staff had X-rays of their chests taken at the Chest Clinic under a scheme now in operation whereby each applicant for a post in this service must be declared free from pulmonary infection radiographically before being appointed.

School Dental Service

In November of the year under review, the Excepted District were able to appoint a part-time Dental Officer as an additional member of the sadly under-staffed School Dental Service.

The following report on the work of the Dental Service in the Borough has been submitted by the Borough School Dental Officer:—

“Children in attendance at nine schools were dentally inspected during the year and treatment was offered where indicated. The total number of children inspected was 3,619, and these comprised 2,221 routine cases and 1,398 special cases. Of the number inspected 2,731 were found to have dental defects and of this number 2,503 were referred for treatment.

Out of the 2,221 routine cases inspected, 1,333 were found to need treatment, 1,105 were referred for treatment, whilst the number accepting was 991. The acceptance rate for routine cases was 89.6% and that of specials 100%.

Total attendances for all purposes were 3,256. The following operations were performed during the year :—

1,094	Permanent teeth extracted
2,373	Temporary teeth extracted
66	Permanent teeth extracted for regulation purposes
43	Temporary teeth extracted for regulation purposes
1,403	Amalgam and cement fillings
201	Silicate fillings
3	Root Fillings
1,143	General anaesthetics for extractions
10	Orthodontic appliances
63	Orthodontic supervision
2	Try-ins

19	Dentures fitted
1	Alteration to Denture
2	Applications of A_gNO_3
54	Dressings
39	Scalings
103	Impressions
45	Gum treatments
6	Arrests of haemorrhage
71	X-rays

Advice was given on 231 occasions, and 1,362 parents accompanied their children to the clinic."

School Meals Service

The Schools Meals Organiser within the Borough has kindly supplied me with the following information :—

"During the year January, 1954 to December, 1954, school meals were supplied to the children in the Borough of Newcastle-under-Lyme from the following kitchens:—

Knutton Central	Bradwell C.S. School
Ellison Street C.P. School	Langdale C.P. School
Silverdale C.P. School	Four Grammar Schools
Bradwell C.P. School	Four Nursery Schools
Hampstalls C.P. School	

Figures given below show the number of meals served during the year, as compared with 1953 :—

1953—50,569

1954—53,288

Holiday Feeding

As in previous years, arrangements for the provision of school meals during holidays were made so that any child could, on application, receive a school dinner. Children entitled to free meals formed the greater proportion of those applying. Throughout the year, meals were supplied, on rota, from the following kitchens :—

Ellison Street C.P. School	Silverdale C.P. School
Bradwell C.P. School	Hampstalls C.P. School

and distributed to various school meals centres in the Borough there being one opened in each area.

Attendance improved, due to the fact that if a child failed to attend for more than half the number of days in any one holiday after signifying his intention of doing so, he was denied the opportunity of meals the following holiday. Letters were sent to the parents of these children before any action was taken.

Nursery Schools

Children attending Nursery Schools continue to receive a mid-morning snack, mid-day dinner and "tea" after their afternoon rest.

Welfare foods are supplied to the schools. Each child is permitted $1\frac{1}{2}$ fluid ounces of orange juice and $\frac{1}{2}$ fluid ounce of cod liver oil per week. This is in excess of that which is supplied to their parents.

Medical Inspections

New school meals staff (full-time and part-time) continue to be medically examined and X-rayed prior to their official appointment.

Inspection of Kitchens

During the Summer Term, 1954, all the kitchens throughout the Borough were inspected by members of the Medical and Sanitary Inspection staff of the Public Health Department.

Meetings

Several meetings of Cook Supervisors were arranged and a variety of topics discussed.

The Deputy Medical Officer of Health addressed a meeting of all School Meals Staff held at Hassell Street C.P. School. The subject of his talk was "Hygiene in the Kitchen" and this was illustrated by the film "Another Case of Food Poisoning."

Physical Education

Throughout the year progress in all branches of Physical Education has been maintained.

Continued progress has been made in the provision of equipment, clothing and plimsolls, and the accommodation required for storage.

Improvement has again been observed in the numbers of scholars taking part in Inter-School, County and Inter-County Competitions in games, athletics and swimming.

PLAYING FIELDS AND GAMES

The playing spaces provided in the Borough are totally inadequate with the exception of the Pool Dam Playing Field. This factor with the lack of suitable footwear and clothing for field games, seriously handicap the development of games within the schools.

Competitions in football, cricket and field games have, however, continued in season throughout the year and teachers have helped considerably in these activities by teaching and by stimulation of the children's interest.

ATHLETICS

All secondary schools and many primary schools held their own athletic sports during the Summer Term.

In July, five scholars represented the County at the All England Schools Athletic Sports Meeting held at Ashington.

SWIMMING

Some 1,640 scholars in the first and second years of the secondary modern schools have received instruction weekly throughout the year. 79 passed examinations of the Royal Life Saving Society and 1,244 passed swimming tests.

In addition to the above scholars of the third and fourth years made 5,439 attendances.

Camping

285 scholars from the secondary schools attended the camps at Teddesley Park, Coven and Cotwalton. 64 boys also attended the two holiday camps in North Wales.

**MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(Including Special Schools)**

YEAR ENDED 31st DECEMBER, 1954

TABLE I.

A—Periodic Medical Inspections

Number of Inspections in the prescribed Groups

5—6 years	..	..	..	..	..	1,456
9—10 years	..	..	..	..	..	1,538
14—15 years	..	..	..	..	..	968
Total						3,962
Number of other Periodic Inspections	..	..	..	..	..	133
Grand Total						4,095

B—Other Inspections

Number of Special Inspections	..	..	..	..	..	571
Number of Re-Inspections	..	..	..	..	..	200
Total						771

C—Pupils found to require Treatment

Number of Individual pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with vermin).

<i>Group</i>	<i>For defective Vision (excluding Squint)</i>	<i>For any of the other conditions recorded in Table IIA</i>	<i>Total Individual Pupils</i>
(1)	(2)	(3)	(4)
5—6 years	7	144	143
9—10 years	40	135	133
14—15 years	39	61	80
Total (prescribed groups) ..	86	340	356
Other Periodic Inspections	5	8	11
Grand Total	91	348	367

TABLE II.

Defect Code No.	Defect or Disease	PERIODICAL INSPECTIONS No. of Defects		SPECIAL INSPECTIONS No. of Defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	20	196	Nil	6
5	Eyes—				
	(a) Vision	91	511	3	19
	(b) Squint	6	69	—	5
	(c) Other	19	67	1	1
6	Ears—				
	(a) Hearing	9	133	1	7
	(b) Otitis Media ..	4	46	—	10
	(c) Other	56	19	—	—
7	Nose or Throat ..	109	519	7	19
8	Speech	8	21	1	6
9	Cervical Glands ..	—	93	—	3
10	Heart and Circulation	2	74	2	54
11	Lungs	49	145	3	17
12	Developmental—				
	(a) Hernia	—	18	—	1
	(b) Other	2	85	—	6
13	Orthopædic—				
	(a) Posture	5	63	1	3
	(b) Flat Foot	17	140	—	6
	(c) Other	24	171	—	5
14	Nervous system—				
	(a) Epilepsy	—	2	—	—
	(b) Other	—	36	—	7
15	Psychological—				
	(a) Development ..	—	3	—	1
	(b) Stability	4	132	1	2
16	Other	14	169	—	13

**B—Classification of the General Condition of Pupils Inspected
during the Year in the Age Groups**

Age Groups	No. of pupils in- spected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
5—6 years ..	1,456	977	67.1	469	32.2	10	0.7
9—10 years ..	1,538	996	64.8	537	34.9	5	0.3
14—15 years ..	968	556	57.4	406	42.0	6	0.6
Other Periodic Inspections ..	133	69	51.9	64	48.1	—	—
Total	4,095	2,598	63.5	1,476	36.0	21	0.5

TABLE III.

Infestation with Vermin

(i) Total number of examinations in the schools by the school nurses or other authorised persons	57,727
(ii) Total number of individual pupils found to be infested..	2,785
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944)	2,785
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	743

TABLE IV.

**TREATMENT OF PUPILS ATTENDING MAINTAINED
PRIMARY AND SECONDARY SCHOOLS**

(Including Special Schools)

Group I. —Diseases of the Skin (excluding uncleanness, for which see Table III).

							<i>Number of cases treated or under treatment during the year</i>	
							<i>By the Authority</i>	<i>Otherwise</i>
Ringworm	(i)	Scalp	..	..	..	..	2	—
	(ii)	Body	..	..	..	..	7	—
Scabies	..	..	..	..	..	..	3	—
Impetigo	..	..	..	..	..	..	118	—
Other Skin Diseases	..	..	..	..	..	..	2,093	29
Total	..	..	..	..	..	..	2,223	29

Group II.—Eye Diseases, Defective Vision and Squint

						<i>Number of Cases dealt with</i>	
						<i>By the Authority</i>	<i>Otherwise</i>
External and other, excluding errors of refraction and Squint	..	..	..	..	..	137	4
Errors of Refraction (including Squint)	..	..	..	..	..	1,006	17
Total	..	..	..	..	..	1,143	21
Number of pupils for whom spectacles were							
(a) Prescribed	..	..	..	..	..	551	—
(b) Obtained	..	..	..	..	..	474	—
Total	..	..	..	..	..	1,025	—

Group III.—Diseases and Defects of Ear, Nose and Throat

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
Received operative treatment		
(a) for diseases of the ear	—	9
(b) for adenoids and chronic tonsillitis	—	214
(c) for other nose and throat condition	—	31
Received other forms of treatment	466	—
Total	466	254

Group IV.—Orthopaedic and Postural Defects

(a) Number treated as in-patients in hospitals .. 37

	<i>By the Authority</i>	<i>Otherwise</i>
(b) Number treated otherwise, e.g., in clinics or out-patient departments	66	40

Group V.—Child Guidance Treatment

	<i>No. of cases treated</i>	
	<i>In the Authority's Child Guidance Clinic</i>	<i>Elsewhere</i>
Number of pupils treated at Child Guidance Clinics ..	Nil	10

Group VI.—Speech Therapy

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
No. of pupils treated by Speech Therapists	48	Nil

Group VII.—Other Treatment Given

	<i>No. of cases treated</i>	
	<i>By the Authority</i>	<i>Otherwise</i>
(a) Miscellaneous Minor Ailments	1,668	—
(b) Other than (a) above (specify)		
1. Respiratory	70	34
2. Injuries	1,059	243
3. Debility etc.—Sun-Ray	141	—
Total	,938	277

TABLE V.

Dental Inspection and Treatment

(1)	No. of pupils inspected by the Authority's Dental Officers—						
(a)	Periodic	..	..	..	..	..	1,943
(b)	Specials	..	..	..	..	..	1,398
	TOTAL	..	..	..	..	..	3,341
(2)	Number found to require treatment						2,523
(3)	Number offered treatment ..						2,471
(4)	Number actually treated ..						2,357
(5)	Attendances made by pupils for treatment						3,240
(6)	Half-days devoted to—						
	Inspection	..	..	..	..	..	13
	Treatment	..	..	..	..	..	363
	TOTAL	..	..	..	..	..	376
(7)	Fillings—						
	Permanent Teeth	..	..	..	..	..	1,567
	Temporary Teeth	..	..	..	..	..	40
	TOTAL	..	..	..	..	..	1,607
(8)	Number of teeth filled—						
	Permanent Teeth	..	..	..	..	..	1,338
	Temporary Teeth	..	..	..	..	..	35
	TOTAL	..	..	..	..	..	1,373
(9)	Extractions—						
	Permanent Teeth	..	..	..	..	..	1,059
	Temporary Teeth	..	..	..	..	..	2,364
	TOTAL	..	..	..	..	..	3,423
(10)	Administration of general anaesthetics for extraction ..						1,128
(11)	Other operations—						
	Permanent Teeth	..	..	..	..	..	293
	Temporary Teeth	..	..	..	..	..	2
	TOTAL	..	..	..	..	..	295

Handicapped Pupils requiring Education at Special Schools (other than Hospital Schools) or Boarding in Boarding Homes

	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Phys- ically handicapped		(7) Educa- tionally sub-normal (8) Mal- adjusted		(9) Epi- ptic	Total (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year ended 31st Dec., 1954 :—										
A. Handicapped Pupils <i>newly</i> <i>placed</i> in Special Schools or Boarding Homes ..	—	1	—	1	1	2	9	—	—	14
B. Handicapped Pupils <i>newly</i> <i>ascertained</i> as requiring education at Special Schools or boarding in Homes ..	—	—	—	—	4	13	48	—	—	65

NOTE.—Where appropriate, pupils should be included under both A and B.

Number of children reported during the year—

(a) under Section 57(3) (excluding any returned under (b)) 3

(b) under Section 57(3) relying on Section 57(4) —

(c) under Section 57 (5) —

of the Education Act, 1944.

On or about December 1st, 1954 :—										
C. Number of Handicapped Pupils from the area—										
(i) attending Special Schools as										
(a) Day Pupils ..	2	1	4	1	1	2	16	4	—	Nil
(b) Boarding Pupils										31
(ii) attending independ- ent schools under ar- rangement made by the Authority ..										Nil
(iii) boarded in Homes & not already included under (i) or (ii) ..										Nil
TOTAL C	2	1	4	1	1	2	16	4	—	31

	(1) <i>Blind</i> (2) <i>Partially</i> <i>sighted</i>		(3) <i>Deaf</i> (4) <i>Partially</i> <i>Deaf</i>		(5) <i>Delicate</i> (6) <i>Physically</i> <i>handicapped</i>		(7) <i>Educationally</i> <i>sub-normal</i> (8) <i>Mal-adjusted</i>		(9) <i>Epileptic</i>		Total (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944:											
(i) in hospitals	—	—	—	—	—	1	—	—	—	—	1
(ii) in other groups (<i>e.g.</i> , units for spastics) ..											Nil
(iii) At home	—	—	—	—	—	9	—	—	—	—	9
E. Number of Handicapped Pupils from the area requiring places in Special Schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School) :—											
(i) Day	—	—	—	—	4	13	44	—	—	—	61
(ii) Boarding	1	—	—	—	—	1	9	—	—	—	11

Amount spent on arrangements under SECTION 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school, in the financial year ended 31st March, 1954 : £2,073 5s. 5d.

